

APPENDIX A

UI BENEFITS REPORT VALIDATION SPECIFICATIONS

POPULATION TABLES

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VALIDATION POPULATION 1

WEEKS CLAIMED - WEEK WAS CLAIMED DURING REPORTING/VALIDATION PERIOD

Subpop #	Report, Line, and Column	1 (Step 1A) (Rule 2)	2 (Step 1A) (Rule 1)	3 (Step 2)	4 (Step 4)	5 (Step 5)	6 (Step 11) (Rule 1)	7 (Step 11) (Rule 2)	8 (Step 11) (Rule 3)	9 (Step 11) (Rule 3)
		Claim Week- ending Date	SSN	Type of UI Program	Program Type	Intrastate/Interstate	Date Week Claimed	Monetarily Eligible or Pending	Earnings	WBA
INTRASTATE WEEKS CLAIMED (1.1 through 1.3) 1) Random sample: 60 or 200										
1.1	5159A-201-10	Required	Required	Regular UI	UI	Intrastate	Required		Required	Required
1.2	5159A-202-10	Required	Required	Regular UI	UCFE	Intrastate	Required		Required	Required
1.3	5159A-203-10	Required	Required	Regular UI	UCX	Intrastate	Required		Required	Required
INTERSTATE WEEKS CLAIMED RECEIVED AS LIABLE STATE (1.4 through 1.6) 1) Random sample: 30 or 100										
1.4	5159A-201-12	Required	Required	Regular UI	UI	Interstate Rec'd as Liable	Required		Required	Required
1.5	5159A-202-12	Required	Required	Regular UI	UCFE	Interstate Rec'd as Liable	Required		Required	Required
1.6	5159A-203-12	Required	Required	Regular UI	UCX	Interstate Rec'd as Liable	Required		Required	Required
INTERSTATE WEEKS CLAIMED FILED FROM AGENT STATE (1.7 through 1.9) 1) Minimum Sample: First two cases										
1.7	5159A-201-11	Required	Required	Regular UI	UI	Interstate Filed from Agent State	Required			
1.8	5159A-202-11	Required	Required	Regular UI	UCFE	Interstate Filed from Agent State	Required			
1.9	5159A-203-11	Required	Required	Regular UI	UCX	Interstate Filed from Agent State	Required			

**RELATIONSHIP BETWEEN WEEKS CLAIMED SUBPOPULATIONS
IN POPULATION 1 AND THE ETA 5159A REPORT**

		Continued Weeks Claimed		
		Intrastate (10)	Interstate Filed from Agent State (11)	Interstate Received as Liable State (12)
State UI	201	1	7	4
UCFE, No UI	202	2	8	5
UCX Only	203	3	9	6

Population 1 Notes

1. Population 1 includes the date of the week being claimed and the date the week was claimed:
 - A) Column 1 (Step 1A), Week Claimed, is the benefit week ending (BWE) date of the week being claimed.
 - B) Column 6 (Step 11), Date Week Claimed, is the date that the state processes the weekly certification.
2. Column 7 (Step 11, Rule 2) is an optional field for the extract file. It is included to ensure that the week claimed was valid based on monetary entitlement. Programmers may be able to populate this field with data to show that the week was countable by including data that shows that the claim was eligible (or pending), that an appeal of an ineligible monetary had been filed and not decided or that the appeal period for an ineligible monetary determination had not expired.

Regardless of whether programmers provide data in column 7, validators will check all of this information for sampled cases as part of the data element validation process.

3. Subpopulations 1.7 – 1.9: This information comes from the LADT claimant records. Instructions for including data from these records for populations 1 and 3 can be found in the LADT Information section of Appendix B, Technical Guidance.
4. Column 9 (Step 11, Rule 3), WBA: Use the WBA that is in effect during the week claimed for this population.

VALIDATION POPULATION 2

FINAL PAYMENTS

		1 (Step 1C) (Rule 1)	2 (Step 1C) (Rule 2)	3 (Step 2)	4 (Step 4)	5 (Step 7)	6 (Step 7)	7 (Step 9A)	8 (Step 9B) (Step 9C)	9 (Step 10C) (Rule 3)	10 (Step 10C) (Rule 2)
Subpop #	Report, Line, and Column	SSN	Check # Unique ID	Type of UI Program	Program Type	MBA	WBA	Maximum Actual Weeks	Maximum Duration	Mail Date of Final Payment	Balance
FINAL PAYMENTS (2.1 through 2.4) 1) Random sample: 30 or 100											
2.1	5159B-303-26 218B-104 (14, 19)	Required	Required	Regular UI	UI	Required	Required	> 25	Yes	Required	Required
2.2	5159B-303-26 218B-102 (8-13)	Required	Required	Regular UI	UI	Required	Required	Required	No	Required	Required
2.3	5159B-303-27	Required	Required	Regular UI	UCFE or UCFE/UCX, no UI	Required	Required			Required	Required
2.4	5159B-303-28	Required	Required	Regular UI	UCX Only	Required	Required			Required	Required

**RELATIONSHIP BETWEEN FINAL PAYMENTS SUBPOPULATIONS
IN POPULATION 2 AND THE ETA 218B REPORT**

SECTION B. ACTUAL DURATION FOR CLAIMANTS WHO RECEIVED FINAL PAYMENTS

LINE NO.	ITEM	LESS THAN MAXIMUM WEEKS OF DURATION		
		Less than 26 Weeks (8-13)		
102	Actual	2		
		MAXIMUM WEEKS OF DURATION	Number at Maximum Duration (19)	Average Weeks Duration (20)
		26-27 Weeks (14)		
104	Actual	1	1	Average Calculation from Total Column for Subpopulations 1 and 2

**RELATIONSHIP BETWEEN FINAL PAYMENTS SUBPOPULATIONS
IN POPULATION 2 AND THE ETA 5159B REPORT**

Final Payments for All Unemployment				
		State UI Program	UCFE & UCX Programs	
		Total (26)	UCFE, No UI (27)	UCX Only (28)
Number	303	1 and 2	3	4

Population 2 Notes

1. This population validates two reports for different time periods:

- A) The 5159 is a monthly report
- B) The 218 is a quarterly report

Validate a quarter by taking three 5159 monthly reports and adding them up to equal the 218 for the quarter. There may be some dynamic data (values that change during the time period). Therefore, the reported counts and validation counts may not match exactly.

It is important that the correct reported counts be entered into the Sun-based DV software for the same period. For example, if you validate the 218 for the first quarter (January – March), you must enter the sum of the 5159 report totals for January, February, and March.

2. Columns 5 and 6 (Step 7), WBA and MBA: Use the final MBA and WBA on the claim for this population.
3. Column 7 (Step 9A), Actual Weeks of Duration: Divide the final MBA by the final WBA and round to the next highest whole number. The number of actual weeks of duration is unrelated to the number of weeks compensated. If the claim included partial payments, there will be more weeks compensated than actual weeks of duration. For example, if the final MBA is \$5,200.00 and the final WBA is \$200.00, the actual weeks of duration is 26. This claimant, however, may have been compensated for 30 weeks if partial payments were made on the claim.
4. The balance on the claim may not be zero if the state retains the balance for disqualified weeks on its database. For example, the final MBA is \$5,200.00; the final WBA is \$200.00; but 13 weeks were disqualified. The disqualified portion of \$2,600.00 should be removed from the final MBA before loading the file into the software. Therefore, the final MBA will be \$2,600.00, and the actual weeks of duration will be 13.
5. The range of duration breakouts are not validated. Only the totals are validated.

VALIDATION POPULATION 3

CLAIMS - CLAIMANT ELIGIBILITY CLAIM FILED DATE OR ORIGINAL MONETARY DETERMINATION DATE FOR NEW UI CLAIM FALLS WITHIN REPORTING/VALIDATION PERIOD

		1 (Step 1B)	2 (Step 3A) (Rules 1 & 6) (Step 3C) (Rule 1)	3 (Step 2)	4 (Step 3)	5 (Step 4)	6 (Step 5)	7 (Step 6A) (Step 6B)	8 (Step 6C) (Step 6D)	9 (Step 7)	10 (Step 7)	11 (Step 8A)	12 (Step 8B)
Subpop #	Report, Line, and Column	SSN	Date Claim Filed/ IB-4 Sent	Type of UI Program	Type of Claim	Program Type	Intrastate/ Interstate	Date of Original Monetary ^a	Sufficient/ Insufficient/ Wages Combined	WBA	MBA	Potential Weeks of Duration ^b	Potential Weeks Maximum Duration
NEW UI CLAIMS (3.1 through 3.14) 1) Random sample: 60 or 200; 2) Supplemental sample--missing strata													
3.1	5159A-101-2 218A-100-2	Required	Required	Regular UI	New	UI	Intrastate	Required	Insufficient	Must be blank	Must be blank	Must be blank	Must be blank
3.2	5159A-101-2 218A-100 (3-6) 218B-103 (14, 19)	Required	Required	Regular UI	New	UI	Intrastate	Required	Sufficient New BY	Maximum	Required	Required	Yes
3.3	5159A-101-2 218A-100 (3-5) 218B-101 (8-13)	Required	Required	Regular UI	New	UI	Intrastate	Required	Sufficient New BY	Maximum	Required	Required	No
3.4	5159A-101-2 218A-100 (3-4) 218B-103 (14, 19)	Required	Required	Regular UI	New	UI	Intrastate	Required	Sufficient New BY	Less than Maximum	Required	Required	Yes
3.5	5159A-101-2 218A-100 (3-4) 218B-101 (8-13)	Required	Required	Regular UI	New	UI	Intrastate	Required	Sufficient New BY	Less than Maximum	Required	Required	No
3.6	5159A-101-2 218A-100-3	Required	Required	Regular UI	New	UI	Intrastate	Required	Sufficient No BY ^c	Must be blank	Must be blank	Must be blank	Must be blank
3.7	5159A-101-2	Required	Required	Regular UI	New	UI	Intrastate	Must be blank	Must be blank	Must be blank	Must be blank	Must be blank	Must be blank
3.8	5159A-101-7 218A-100-2	Required	Required	Regular UI	New	UI	Interstate Recvd as liable	Required	Insufficient	Must be blank	Must be blank	Must be blank	Must be blank
3.9	5159A-101-7 218A-100 (3-6) 218B-103 (14, 19)	Required	Required	Regular UI	New	UI	Interstate Recvd as liable	Required	Sufficient New BY	Maximum	Required	Required	Yes
3.10	5159A-101-7 218A-100 (3-5) 218B-101 (8-13)	Required	Required	Regular UI	New	UI	Interstate Recvd as liable	Required	Sufficient New BY	Maximum	Required	Required	No
3.11	5159A-101-7 218A-100 (3-4) 218B-103 (14, 19)	Required	Required	Regular UI	New	UI	Interstate Recvd as liable	Required	Sufficient New BY	Less than Maximum	Required	Required	Yes

VALIDATION POPULATION 3

CLAIMS - CLAIMANT ELIGIBILITY CLAIM FILED DATE OR ORIGINAL MONETARY DETERMINATION DATE FOR NEW UI CLAIM FALLS WITHIN REPORTING/VALIDATION PERIOD

		1 (Step 1B)	2 (Step 3A) (Rules 1 & 6) (Step 3C) (Rule 1)	3 (Step 2)	4 (Step 3)	5 (Step 4)	6 (Step 5)	7 (Step 6A) (Step 6B)	8 (Step 6C) (Step 6D)	9 (Step 7)	10 (Step 7)	11 (Step 8A)	12 (Step 8B)
Subpop #	Report, Line, and Column	SSN	Date Claim Filed/ IB-4 Sent	Type of UI Program	Type of Claim	Program Type	Intrastate/ Interstate	Date of Original Monetary ^a	Sufficient/ Insufficient/ Wages Combined	WBA	MBA	Potential Weeks of Duration ^b	Potential Weeks Maximum Duration
3.12	5159A-101-7 218A-100 (3-4) 218B-101 (8-13)	Required	Required	Regular UI	New	UI	Interstate Recv'd as liable	Required	Sufficient New BY	Less than Maximum	Required	Required	No
3.13	5159A-101-7 218A-100-3	Required	Required	Regular UI	New	UI	Interstate Recv'd as liable	Required	Sufficient No BY ^c	Must be blank	Must be blank	Must be blank	Must be blank
3.14	5159A-101-7	Required	Required	Regular UI	New	UI	Interstate Recv'd as liable	Must be blank	Must be blank	Must be blank	Must be blank	Must be blank	Must be blank
NEW UCFE/UCX CLAIMS (3.15 through 3.18) 1) Minimum sample: First two cases from each subpopulation													
3.15	5159A-102-2	Required	Required	Regular UI	New	UCFE	Intrastate						
3.16	5159A-103-2	Required	Required	Regular UI	New	UCX	Intrastate						
3.17	5159A-102-7	Required	Required	Regular UI	New	UCFE	Interstate Recv'd as liable						
3.18	5159A-103-7	Required	Required	Regular UI	New	UCX	Interstate Recv'd as liable						
INTERSTATE FILED FROM AGENT STATE CLAIMS (3.19 through 3.21) 1) Minimum sample: First two cases from each subpopulation													
3.19	5159A-101-4	Required	Required	Regular UI	New Additional Reopened Transitional	UI	Interstate Filed from Agent State						
3.20	5159A-102-4	Required	Required	Regular UI	New Additional Reopened Transitional	UCFE	Interstate Filed from Agent State						
3.21	5159A-103-4	Required	Required	Regular UI	New Additional Reopened Transitional	UCX	Interstate Filed from Agent State						

VALIDATION POPULATION 3

CLAIMS - CLAIMANT ELIGIBILITY CLAIM FILED DATE OR ORIGINAL MONETARY DETERMINATION DATE FOR NEW UI CLAIM FALLS WITHIN REPORTING/VALIDATION PERIOD

		1 (Step 1B)	2 (Step 3A) (Rules 1 & 6) (Step 3C) (Rule 1)	3 (Step 2)	4 (Step 3)	5 (Step 4)	6 (Step 5)	7 (Step 6A) (Step 6B)	8 (Step 6C) (Step 6D)	9 (Step 7)	10 (Step 7)	11 (Step 8A)	12 (Step 8B)
Subpop #	Report, Line, and Column	SSN	Date Claim Filed/ IB-4 Sent	Type of UI Program	Type of Claim	Program Type	Intrastate/ Interstate	Date of Original Monetary ^a	Sufficient/ Insufficient/ Wages Combined	WBA	MBA	Potential Weeks of Duration ^b	Potential Weeks Maximum Duration
INTERSTATE CLAIMS TAKEN AS AGENT STATE (3.22 through 3.24) 1) Minimum sample: First two cases from each subpopulation													
3.22	5159A-101 (4, 5)	Required	Required	Regular UI	New Additional Reopened	UI	Interstate Taken as agent						
3.23	5159A-102 (4, 5)	Required	Required	Regular UI	New Additional Reopened	UCFE	Interstate Taken as agent						
3.24	5159A-103 (4, 5)	Required	Required	Regular UI	New Additional Reopened	UCX	Interstate Taken as agent						
INTRASTATE AND INTERSTATE TRANSITIONAL CLAIMS (3.25 through 3.33) 1) Random sample: 30 or 100													
3.25	5159A-101-6 218A-100-2	Required	Required	Regular UI	Transitional	UI		Required	Insufficient	Must be blank	Must be blank	Must be blank	Must be blank
3.26	5159A-101-6 218A-100 (3-6) 218B-103 (14, 19)	Required	Required	Regular UI	Transitional	UI		Required	Sufficient New BY	Maximum	Required	Required	Yes
3.27	5159A-101-6 218A-100 (3-5) 218B-101 (8-13)	Required	Required	Regular UI	Transitional	UI		Required	Sufficient New BY	Maximum	Required	Required	No
3.28	5159A-101-6 218A-100 (3-4) 218B-103 (14, 19)	Required	Required	Regular UI	Transitional	UI		Required	Sufficient New BY	Less than Maximum	Required	Required	Yes
3.29	5159A-101-6 218A-100 (3-4) 218B-101 (8-13)	Required	Required	Regular UI	Transitional	UI		Required	Sufficient New BY	Less than Maximum	Required	Required	No
3.30	5159A-101-6 218A-100-3	Required	Required	Regular UI	Transitional	UI		Required	Sufficient No BY ^c	Must be blank	Must be blank	Must be blank	Must be blank
3.31	5159A-101-6	Required	Required	Regular UI	Transitional	UI		Must be blank	Must be blank	Must be blank	Must be blank	Must be blank	Must be blank

VALIDATION POPULATION 3

CLAIMS - CLAIMANT ELIGIBILITY CLAIM FILED DATE OR ORIGINAL MONETARY DETERMINATION DATE FOR NEW UI CLAIM FALLS WITHIN REPORTING/VALIDATION PERIOD

		1 (Step 1B)	2 (Step 3A) (Rules 1 & 6) (Step 3C) (Rule 1)	3 (Step 2)	4 (Step 3)	5 (Step 4)	6 (Step 5)	7 (Step 6A) (Step 6B)	8 (Step 6C) (Step 6D)	9 (Step 7)	10 (Step 7)	11 (Step 8A)	12 (Step 8B)
Subpop #	Report, Line, and Column	SSN	Date Claim Filed/ IB-4 Sent	Type of UI Program	Type of Claim	Program Type	Intrastate/ Interstate	Date of Original Monetary ^a	Sufficient/ Insufficient/ Wages Combined	WBA	MBA	Potential Weeks of Duration ^b	Potential Weeks Maximum Duration
3.32	5159A-102-6	Required	Required	Regular UI	Transitional	UCFE							
3.33	5159A-103-6	Required	Required	Regular UI	Transitional	UCX							
CWC CLAIMS (3.34 through 3.39) 1) Random sample: 30 or 100; 2) Supplemental sample--missing strata													
3.34	586A-101-1	Required	Within Quarter	Regular UI	New CWC		Intrastate CWC	Must be blank	Insufficient (Wages Not Combined)	Must be blank	Must be blank	Must be blank	Must be blank
3.35	586A-101 (1-2)	Required	Within Quarter	Regular UI	New CWC		Intrastate CWC	Within Quarter	Sufficient New CWC BY				
3.36	586A-102-1	Required	Within Quarter	Regular UI	New CWC		Interstate CWC	Must be blank	Insufficient (Wages Not Combined)	Must be blank	Must be blank	Must be blank	Must be blank
3.37	586A-102 (1-2)	Required	Within Quarter	Regular UI	New CWC		Interstate CWC	Within Quarter	Sufficient New CWC BY				
3.38	586A-101-2	Required	A Prior Quarter	Regular UI	New CWC BY for CWC Claim Filed in Prior Quarter		Intrastate CWC	Within Quarter	Sufficient New CWC BY				
3.39	586A-102-2	Required	A Prior Quarter	Regular UI	New CWC BY for CWC Claim Filed in Prior Quarter		Interstate CWC	Within Quarter	Sufficient New CWC BY				

VALIDATION POPULATION 3

CLAIMS - CLAIMANT ELIGIBILITY CLAIM FILED DATE OR ORIGINAL MONETARY DETERMINATION DATE FOR NEW UI CLAIM FALLS WITHIN REPORTING/VALIDATION PERIOD

		1 (Step 1B)	2 (Step 3A) (Rules 1 & 6) (Step 3C) (Rule 1)	3 (Step 2)	4 (Step 3)	5 (Step 4)	6 (Step 5)	7 (Step 6A) (Step 6B)	8 (Step 6C) (Step 6D)	9 (Step 7)	10 (Step 7)	11 (Step 8A)	12 (Step 8B)
Subpop #	Report, Line, and Column	SSN	Date Claim Filed/ IB-4 Sent	Type of UI Program	Type of Claim	Program Type	Intrastate/ Interstate	Date of Original Monetary ^a	Sufficient/ Insufficient/ Wages Combined	WBA	MBA	Potential Weeks of Duration ^b	Potential Weeks Maximum Duration
NEW CLAIMS FILED IN THE PRIOR QUARTER (3.40 through 3.45) 1) Random sample: 30 or 100; 2) Supplemental sample--missing strata													
3.40	218A-100-2	Required	Required	Regular UI	New Claim Filed in Prior Quarter	UI		Required	Insufficient	Must be blank	Must be blank	Must be blank	Must be blank
3.41	218A-100 (3-6) 218B-103 (14, 19)	Required	Required	Regular UI	New Claim Filed in Prior Quarter	UI		Required	Sufficient New BY	Maximum	Required	Required	Yes
3.42	218A-100 (3-5) 218B-101 (8-13)	Required	Required	Regular UI	New Claim Filed in Prior Quarter	UI		Required	Sufficient New BY	Maximum	Required	Required	No
3.43	218A-100 (3-4) 218B-103 (14, 19)	Required	Required	Regular UI	New Claim Filed in Prior Quarter	UI		Required	Sufficient New BY	Less than Maximum	Required	Required	Yes
3.44	218A-100 (3-4) 218B-101 (8-13)	Required	Required	Regular UI	New Claim Filed in Prior Quarter	UI		Required	Sufficient New BY	Less than Maximum	Required	Required	No
3.45	218A-100-3	Required	Required	Regular UI	New Claim Filed in Prior Quarter	UI		Required	Sufficient No BY ^c	Must be blank	Must be blank	Must be blank	Must be blank
ENTERING SELF-EMPLOYMENT PROGRAM (3.46) 1) Minimum sample: First two cases													
3.46	5159A-201-13	Required	Required	Regular UI	Entering Self- Employment								

^aFor subpopulations 3.34 through 3.39, "original monetary" refers to the first monetary determination/redetermination using wages from more than one state.

^bObservations reported in all populations which require the number of weeks of potential duration will be sorted by the number of weeks and subtotaled by the range of weeks.

^cThis situation will only occur when the State does not automatically establish a new benefit year for claimants who are monetarily eligible for benefits.

VALIDATION POPULATION 3a

CLAIMS - CLAIMANT ELIGIBILITY CLAIM FILED DATE OR ORIGINAL MONETARY DETERMINATION DATE FOR NEW UI CLAIM FALLS WITHIN REPORTING/VALIDATION PERIOD

Subpop #	Report, Line, and Column	1 (Step 1B) SSN	2 (Step 3B) (Rule 1) Date Claim Filed	3 (Step 2) Type of UI Program	4 (Step 3B) (Rule 2) Type of Claim	5 (Step 4) Program Type	6 (Step 5) Intrastate/Interstate	7 (Step 3B) (Rule 3) Unclaimed Week	8 (Step 3B) (Rule 4) Separation Date	9 (Step 3B) (Rule 5) Last Employer	10 (Step 3B) (Rule 6) Separation Reason
ADDITIONAL CLAIMS (3.49 through 3.54) 1) Random sample: 60 or 200											
3a.49	5159A-101-3	Required	Required	Regular UI	Additional	UI	Intrastate		Required	Required	Required
3a.50	5159A-102-3	Required	Required	Regular UI	Additional	UCFE	Intrastate		Required	Required	Required
3a.51	5159A-103-3	Required	Required	Regular UI	Additional	UCX	Intrastate		Required	Required	Required
3a.52	5159A-101-7	Required	Required	Regular UI	Additional	UI	Interstate Recvid as liable		Required	Required	Required
3a.53	5159A-102-7	Required	Required	Regular UI	Additional	UCFE	Interstate Recvid as liable		Required	Required	Required
3a.54	5159A-103-7	Required	Required	Regular UI	Additional	UCX	Interstate Recvid as liable		Required	Required	Required

**RELATIONSHIP BETWEEN CLAIMS SUBPOPULATIONS
IN POPULATION 3 AND THE ETA 5159A AND 586A REPORTS**

ETA 5159A Program	Line No.	Initial Claims						
		New Intrastate Excluding Transitional (2)	Additional Intrastate (3)	Interstate Filed from Agent State (4)	Interstate Taken as Agent State (5)	Transitional (6)	Interstate Received as Liable State (7)	Entering Self-employment, All Programs (13)
State UI	101	1-7	49	19 and 22	22	25-31	8-14 and 52	
UCFE, No UI	102	15	50	20 and 23	23	32	17 and 53	
UCX Only	103	16	51	21 and 24	24	33	18 and 54	
State UI	201							46

ETA 586A State UI	Line No.	New Claims (1)	Persons Establishing Benefit Years (2)
Intrastate	101	34 and 35	35 and 38
Interstate Recvd. as Paying State	102	36 and 37	37 and 39

RELATIONSHIP BETWEEN NEW UI CLAIMS SUBPOPULATIONS IN POPULATION 3 AND THE ETA 218 REPORT

SECTION A. MONETARY DETERMINATIONS

	DETERMINATIONS		NUMBER OF CLAIMANTS ESTABLISHING BENEFIT YEARS		
LINE NO.	Insufficient Wage Credits (2)	Sufficient Wage Credits (3)	Total (4)	Maximum Weekly Benefit (5)	Maximum Benefit & Duration (6)
100	1, 8, 25, 40	2-6 9-13 26-30 41-45	2-5 9-12 26-29 41-44	2-3 9-10 26-27 41-42	2, 9, 26, 41

SECTION B. POTENTIAL DURATION FOR DETERMINATIONS ESTABLISHING BENEFIT YEARS

LINE NO.	ITEM	LESS THAN MAXIMUM WEEKS OF DURATION		
		Less than 26 Weeks (8-13)		
101	Potential	3, 5, 10, 12, 27, 29, 42, 44		
		MAXIMUM WEEKS OF DURATION	Number at Maximum Duration (19)	Average Weeks Duration ^a (20)
		26-27 Weeks (14)		
103	Potential	2, 4, 9, 11, 26, 28, 41, 43	2, 4, 9, 11, 26, 28, 41, 43	Average Calculation from Total Column for Subpopulations 2-5, 9-12, 26-29, and 41-44

^aThis item is not validated. It is represented here for informational purposes only.

Population 3/3a Notes

1. Overview

Population 3 includes new, transitional and CWC claims. Population 3a includes additional claims. The only additional and reopened claims reported in Population 3 are interstate filed from agent state claims from the LADT report. New and transitional UI claims are reported on the 5159 and the monetary determinations associated with these claims are reported on the 218. For new and transitional UI claims, states are required to produce a single record showing the claim and monetary. This is the only way to ensure that each claim is reported once and only once on the 218.

Validation of New and Transitional UI claims validates two federal reports:

ETA 5159: All claims filed (established) during the report/validation quarter.

ETA 218: New and transitional UI claims where the original monetary determination was issued during the quarter. The claims will match three months of the ETA 5159 report, and their most recent monetary determinations will match the quarterly 218 report (see the tables on the previous page for the relationship between claims populations and cells on the 5159 and 218 reports).

UCFE and UCX claims are included only on the 5159 report and not on the 218 report. Therefore, columns 7 through 12 are optional for UCFE and UXC claims.

CWC claims are extracted, processed and reported using completely separate logic from that used to extract, process and report non-CWC claims. In fact, each CWC claim is reported twice, once as a CWC claim and once as a regular claim. The CWC technical assistance guide, in Appendix C, provides instructions for extracting and labeling CWC claims.

2. Monetary Determinations

Many states generate a monetary determination automatically when a claim is filed, even when a wage request is pending. For these states, the counts of new and transitional UI claims on the 5159 will match the counts of original monetary determinations on the 218.

Some states do not automatically generate a monetary determination when a claim is filed. For these states, the counts on the two reports may differ when a claim is filed in one quarter, but the original monetary determination for that claim is generated in the following quarter. The validation methodology handles these situations as follows:

- A) When no original monetary determination was sent during the quarter being validated in which the new claim was filed, the claim will be reported on the ETA 5159, but there will be no monetary status reported on the ETA 218 for the quarter being validated. These claims are assigned to subpopulations 3.7 (new intrastate), 3.14 (new interstate), and 3.31 (transitional).
- B) When the original monetary determination was sent during the quarter being validated but the claim was filed during the previous quarter, the monetary status will be reported on the ETA 218, but there will be no claim reported on the ETA 5159 for the quarter being validated. These monetary determinations

are assigned to subpopulations 3.32 through 3.36, depending on their monetary status.

3. Reporting Criteria

5159 Report Criteria and procedures for building claims extract file:

- The date the claim was filed or processed drives the reporting on the 5159.
- Assign a claim type category (new, transitional, additional) and sort into the categories in column 3.
- Assign an intrastate or interstate category based on the liable and agent state(s) and sort into the categories in column 6.
- Assign a program type (UI, UCFE, UCX) based on the wages present on the most recent monetary determination at the time the report program is run and sort into the categories in column 5. If no wages were found, assign the program type based on the type of claim filed. Follow the current program type hierarchy (any UI wages are UI; any UCFE wages without UI are UCFE; and UCX wages are only UCX).

The following table shows how various types of claims are assigned to the reporting categories on the 5159 report based on the type of claim and the intra/interstate type.

Mapping of Claim Types to 5159 Report Items

Type of Claim	New Intrastate Excluding Transitional (2)	Additional Intrastate (3)	Interstate Filed from Agent State (4)	Interstate Taken as Agent State (5)	Transitional (6)	Interstate Received as Liable State (7)
New	X		X	X		X
Transitional			X		X	
Additional		X	X	X		X
Reopen			X	X		

218 Report Criteria and procedures for extracting information from monetary determinations:

- The date of the original monetary determination drives the reporting on the 218.
- Based on the most recent monetary determination/WBA at the time the report is run, assign a monetary determination status and sort into the categories in column 8.

Column (7) Lines 101–103 (Interstate Additional Claims):

The software transfers the count of interstate additional claims from Population 3a to Population 3 after both are loaded. The reported count for Lines 101–103 (7) will be higher than the validation count for Population 3 until Population 3a counts are added.

The count of UI interstate additional claims on the RV Summary will be the sum of 3.8–3.14 plus 3.52 (from Population 3a).

The count of UCFE interstate additional claims on the RV Summary will be the sum of 3.17 and 3.53 (from Population 3a).

The count of UCX interstate additional claims on the RV Summary will be the sum of 3.18 and 3.54 (from Population 3a).

4. Summary of Subpopulations:

- 3.1:** These records represent insufficient monetary determinations (ineligible claims).
- 3.2 – 3.5:** These records represent sufficient monetary determinations (eligible claims) with a new benefit year established. These records include monetary information columns 7 – 12 (Date of the Original Monetary, Sufficient/Insufficient, WBA, MBA, Potential Weeks of Duration and Potential Weeks of Maximum Duration)
- 3.6:** These records represent sufficient monetary determinations with no new benefit year established. This applies to states where a new benefit year is not established at the same time that the claim is filed.
- 3.7:** These records represent new claims filed where no monetary determination was issued.
- 3.8 – 3.14:** These records represent interstate liable claims and are assigned to subpopulations using the same logic as subpopulations 3.1 – 3.7.
- 3.15 – 3.18:** These records represent new UCFE/UCX claims. The monetary information columns 7 – 12 (Date of the Original Monetary, Sufficient/Insufficient, WBA, MBA, Potential Weeks of Duration, and Potential Weeks of Maximum Duration) are not required because these claims are not reported on the 218. You may leave data in these fields in the extract file. The software will ignore them.
- 3.19 – 3.21:** These records represent interstate filed from agent state claims. This information comes from the LADT claimant records. Instructions for building the records to be added to the extract file from the LADT detail records can be found in Appendix C, Technical Guidance.
- 3.22 – 3.24:** These records represent interstate claims taken as agent state. These are claims against other states that are filed in your state agency.

3.25 – 3.33: These records represent transitional claims (UI/UCFE/UCX). Transitional UI claims are reported on the 5159 and the 218.

3.34 – 3.37: These records represent new CWC claims. Procedures for validating CWC claims and payments are found in Appendix C.

A new CWC claim occurs when the first IB4 request to transfer wages is sent to another state for a claim.

If the first IB4 for a claim is sent during a quarter and a monetary determination or redetermination is issued using wages from more than one state during that quarter, it constitutes a new CWC claim and a new CWC benefit year.

These records are assigned to subpopulations 3.35 (for intrastate) and 3.37 (for interstate).

If the first IB4 for a claim is sent during a quarter but no monetary determination or redetermination using wages from more than one state is issued during that quarter, then this constitutes an insufficient CWC claim (no new benefit year is established), and these transactions are assigned to subpopulations 3.34 (for intrastate) and 3.36 (for interstate).

There are several reasons why a monetary determination using wages from more than one state may not be issued in the quarter in which the initial IB-4 was sent for a claim:

- 1) Wages were not found in the other state
- 2) Wages were found in the other state but not used
- 3) Wages were found but used in a subsequent quarter

3.38 – 3.39: These transactions represent new CWC benefit years where the new CWC claim was filed in a previous quarter. This occurs when the first monetary determination or redetermination using wages from more than one state was issued during the quarter but the initial IB4 was sent during a previous quarter.

3.40 – 3.45: These transactions represent new UI claims filed in a quarter prior to the quarter being validated when the initial monetary determination or redetermination which first contains wages from two states was issued during the quarter being validated.

3.46: These transactions represent claims filed under the self-employment program.

3.49 – 3.54: These transactions represent intrastate and interstate additional claims (UI/UCFE/UCX).

5. Commuter Claim

If a claimant commuted from the claimant's residence in another state to a job in your (the liable state) and that person filed directly with your (the liable) state, the claim is reported as an intrastate claim.

VALIDATION POPULATION 4
PAYMENTS/WEEKS COMPENSATED
PAYMENT MAIL DATE FALLS WITHIN REPORTING/VALIDATION PERIOD

Subpop #	Report, Line, and Column	1 (Step 1C) (Rule 1) SSN	2 (Step 1C) (Rule 2) Check Number Unique ID	3 (Step 2) Type of UI Program	4 (Step 4) Program Type	5 (Step 5) Intrastate/ Interstate	6 (Step 10A) (Step 10B) (Step 10F) (Step 10G) Type of Compensation	7 (Step 10D) (Step 10E) Partial/ Total Weeks of Unemployment	8 (Step 10D) (Rule 2) (Step 10E) (Rule 2) Earnings	9 (Step 10D) (Rule 3) (Step 10E) (Rule 3) WBA	10 (Step 12A) UI Amount	11 (Step 12B) UCFE Amount	12 (Step 12C) UCX Amount	13 (Step 12D) CWC Amount	14 (Step 12E) Self-Employ Amount	15 (Step 13) Week End Date	16 (Step 14) Mail Date
FIRST PAYMENTS (4.1 through 4.16) 1) Random sample: 60 or 200; 2) Supplemental sample--missing strata; 3) Supplemental sample--outliers																	
4.1	5159B-301 (14-15) 5159B-302 (14-15) 9050-All-C2	Required	Required	Regular UI	UI only	Intrastate	First Payment	Total	Required	Required	Required	Must be blank	Must be blank	Must be blank	Must be blank	Required	Required
4.2	5159B-301 (14-16) 5159B-302 (14-16) 9050-All-C6	Required	Required	Regular UI	UI only	Interstate	First Payment	Total	Required	Required	Required	Must be blank	Must be blank	Must be blank	Must be blank	Required	Required
4.3	5159B-301 (14, 15, 17) 5159B-302 (14, 15, 17) 9050-All-C2	Required	Required	Regular UI	UI/Federal	Intrastate	First Payment	Total	Required	Required	Required	Required ^a	Required ^a	Must be blank	Must be blank	Required	Required
4.4	5159B-301 (14-17) 5159B-302 (14-17) 9050-All-C6	Required	Required	Regular UI	UI/Federal	Interstate	First Payment	Total	Required	Required	Required	Required ^a	Required ^a	Must be blank	Must be blank	Required	Required
4.5	5159B-301 (17-18) 5159B-302 (17-18) 9050-All-C3	Required	Required	Regular UI	UCFE or UCFE/UCX	Intrastate	First Payment	Total	Required	Required	Must be blank	Required	Required for Joint Federal Claims only	Must be blank	Must be blank	Required	Required
4.6	5159B-301 (17-18) 5159B-302 (17-18) 9050-All-C7	Required	Required	Regular UI	UCFE or UCFE/UCX	Interstate	First Payment	Total	Required	Required	Must be blank	Required	Required for Joint Federal Claims only	Must be blank	Must be blank	Required	Required
4.7	5159B-301 (17, 19) 5159B-302 (17, 19) 9050-All-C4	Required	Required	Regular UI	UCX only	Intrastate	First Payment	Total	Required	Required	Must be blank	Must be blank	Required	Must be blank	Must be blank	Required	Required
4.8	5159B-301 (17, 19) 5159B-302 (17, 19) 9050-All-C8	Required	Required	Regular UI	UCX only	Interstate	First Payment	Total	Required	Required	Must be blank	Must be blank	Required	Must be blank	Must be blank	Required	Required
4.9	5159B-301-14 5159B-302-14 9050-Part-C2	Required	Required	Regular UI	UI only	Intrastate	First Payment	Partial	Required	Required	Required	Must be blank	Must be blank	Must be blank	Must be blank	Required	Required
4.10	5159B-301 (14, 16) 5159B-302 (14, 16) 9050-Part-C6	Required	Required	Regular UI	UI only	Interstate	First Payment	Partial	Required	Required	Required	Must be blank	Must be blank	Must be blank	Must be blank	Required	Required
4.11	5159B-301 (14, 17) 5159B-302 (14, 17) 9050-Part-C2	Required	Required	Regular UI	UI/Federal	Intrastate	First Payment	Partial	Required	Required	Required	Required ^a	Required ^a	Must be blank	Must be blank	Required	Required
4.12	5159B-301 (14, 16, 17) 5159B-302 (14, 16, 17) 9050-Part-C6	Required	Required	Regular UI	UI/Federal	Interstate	First Payment	Partial	Required	Required	Required	Required ^a	Required ^a	Must be blank	Must be blank	Required	Required
4.13	5159B-301 (17-18) 5159B-302 (17-18) 9050-Part-C3	Required	Required	Regular UI	UCFE or UCFE/UCX	Intrastate	First Payment	Partial	Required	Required	Must be blank	Required	Required for Joint Federal Claims only	Must be blank	Must be blank	Required	Required

VALIDATION POPULATION 4
PAYMENTS/WEEKS COMPENSATED
PAYMENT MAIL DATE FALLS WITHIN REPORTING/VALIDATION PERIOD

Subpop #	Report, Line, and Column	1 (Step 1C) (Rule 1) SSN	2 (Step 1C) (Rule 2) Check Number Unique ID	3 (Step 2) Type of UI Program	4 (Step 4) Program Type	5 (Step 5) Intrastate/ Interstate	6 (Step 10A) (Step 10B) (Step 10F) (Step 10G) Type of Compensation	7 (Step 10D) (Step 10E) Partial/ Total Weeks of Unemployment	8 (Step 10D) (Rule 2) (Step 10E) (Rule 2) Earnings	9 (Step 10D) (Rule 3) (Step 10E) (Rule 3) WBA	10 (Step 12A) UI Amount	11 (Step 12B) UCFE Amount	12 (Step 12C) UCX Amount	13 (Step 12D) CWC Amount	14 (Step 12E) Self-Employ Amount	15 (Step 13) Week End Date	16 (Step 14) Mail Date
4.14	5159B-301 (17-18) 5159B-302 (17-18) 9050-Part-C7	Required	Required	Regular UI	UCFE or UCFE/UCX	Interstate	First Payment	Partial	Required	Required	Must be blank	Required	Required for Joint Federal Claims only	Must be blank	Must be blank	Required	Required
4.15	5159B-301 (17, 19) 5159B-302 (17, 19) 9050-Part-C4	Required	Required	Regular UI	UCX only	Intrastate	First Payment	Partial	Required	Required	Must be blank	Must be blank	Required	Must be blank	Must be blank	Required	Required
4.16	5159B-301 (17, 19) 5159B-302 (17, 19) 9050-Part-C8	Required	Required	Regular UI	UCX only	Interstate	First Payment	Partial	Required	Required	Must be blank	Must be blank	Required	Must be blank	Must be blank	Required	Required
CONTINUED TOTAL PAYMENTS (4.17 through 4.24) 1) Supplemental sample--outliers																	
4.17	5159B-301 (14-15) 5159B-302 (14-15) 9051-All-C2	Required	Required	Regular UI	UI only	Intrastate	Continued Weeks	Total	Required	Required	Required	Must be blank	Must be blank	Must be blank	Must be blank	Required	Required
4.18	5159B-301 (14-16) 5159B-302 (14-16) 9051-All-C6	Required	Required	Regular UI	UI only	Interstate	Continued Weeks	Total	Required	Required	Required	Must be blank	Must be blank	Must be blank	Must be blank	Required	Required
4.19	5159B-301 (14, 15, 17) 5159B-302 (14, 15, 17) 9051-All-C2	Required	Required	Regular UI	UI/Federal	Intrastate	Continued Weeks	Total	Required	Required	Required	Required ^a	Required ^a	Must be blank	Must be blank	Required	Required
4.20	5159B-301 (14-17) 5159B-302 (14-17) 9051-All-C6	Required	Required	Regular UI	UI/Federal	Interstate	Continued Weeks	Total	Required	Required	Required	Required ^a	Required ^a	Must be blank	Must be blank	Required	Required
4.21	5159B-301 (17-18) 5159B-302 (17-18) 9051-All-C3	Required	Required	Regular UI	UCFE or UCFE/UCX	Intrastate	Continued Weeks	Total	Required	Required	Must be blank	Required	Required for Joint Federal Claims only	Must be blank	Must be blank	Required	Required
4.22	5159B-301 (17-18) 5159B-302 (17-18) 9051-All-C7	Required	Required	Regular UI	UCFE or UCFE/UCX	Interstate	Continued Weeks	Total	Required	Required	Must be blank	Required	Required for Joint Federal Claims only	Must be blank	Must be blank	Required	Required
4.23	5159B-301 (17, 19) 5159B-302 (17, 19) 9051-All-C4	Required	Required	Regular UI	UCX only	Intrastate	Continued Weeks	Total	Required	Required	Must be blank	Must be blank	Required	Must be blank	Must be blank	Required	Required
4.24	5159B-301 (17, 19) 5159B-302 (17, 19) 9051-All-C8	Required	Required	Regular UI	UCX only	Interstate	Continued Weeks	Total	Required	Required	Must be blank	Must be blank	Required	Must be blank	Must be blank	Required	Required

VALIDATION POPULATION 4
PAYMENTS/WEEKS COMPENSATED
PAYMENT MAIL DATE FALLS WITHIN REPORTING/VALIDATION PERIOD

Subpop #	Report, Line, and Column	1 (Step 1C) (Rule 1) SSN	2 (Step 1C) (Rule 2) Check Number Unique ID	3 (Step 2) Type of UI Program	4 (Step 4) Program Type	5 (Step 5) Intrastate/ Interstate	6 (Step 10A) (Step 10B) (Step 10F) (Step 10G) Type of Compensat:n	7 (Step 10D) (Step 10E) Partial/ Total Weeks of Unemployment	8 (Step 10D) (Rule 2) (Step 10E) (Rule 2) Earnings	9 (Step 10D) (Rule 3) (Step 10E) (Rule 3) WBA	10 (Step 12A) UI Amount	11 (Step 12B) UCFE Amount	12 (Step 12C) UCX Amount	13 (Step 12D) CWC Amount	14 (Step 12E) Self- Employ Amount	15 (Step 13) Week End Date	16 (Step 14) Mail Date
CONTINUED PARTIAL PAYMENTS (4.25 through 4.32) 1) Random sample: 30 or 100																	
4.25	5159B-301-14 5159B-302-14 9051-Part-C2	Required	Required	Regular UI	UI only	Intrastate	Continued Weeks	Partial	Required	Required	Required	Must be blank	Must be blank	Must be blank	Must be blank	Required	Required
4.26	5159B-301 (14, 16) 5159B-302 (14, 16) 9051-Part-C6	Required	Required	Regular UI	UI only	Interstate	Continued Weeks	Partial	Required	Required	Required	Must be blank	Must be blank	Must be blank	Must be blank	Required	Required
4.27	5159B-301 (14, 17) 5159B-302 (14, 17) 9051-Part-C2	Required	Required	Regular UI	UI/Federal	Intrastate	Continued Weeks	Partial	Required	Required	Required	Required ^a	Required ^a	Must be blank	Must be blank	Required	Required
4.28	5159B-301 (14, 16, 17) 5159B-302 (14, 16, 17) 9051-Part-C6	Required	Required	Regular UI	UI/Federal	Interstate	Continued Weeks	Partial	Required	Required	Required	Required ^a	Required ^a	Must be blank	Must be blank	Required	Required
4.29	5159B-301 (17-18) 5159B-302 (17-18) 9051-Part-C3	Required	Required	Regular UI	UCFE or UCFE/UCX	Intrastate	Continued Weeks	Partial	Required	Required	Must be blank	Required	Required for Joint Federal Claims only	Must be blank	Must be blank	Required	Required
4.30	5159B-301 (17-18) 5159B-302 (17-18) 9051-Part-C7	Required	Required	Regular UI	UCFE or UCFE/UCX	Interstate	Continued Weeks	Partial	Required	Required	Must be blank	Required	Required for Joint Federal Claims only	Must be blank	Must be blank	Required	Required
4.31	5159B-301 (17, 19) 5159B-302 (17, 19) 9051-Part-C4	Required	Required	Regular UI	UCX only	Intrastate	Continued Weeks	Partial	Required	Required	Must be blank	Must be blank	Required	Must be blank	Must be blank	Required	Required
4.32	5159B-301 (17, 19) 5159B-302 (17, 19) 9051-Part-C8	Required	Required	Regular UI	UCX only	Interstate	Continued Weeks	Partial	Required	Required	Must be blank	Must be blank	Required	Must be blank	Must be blank	Required	Required
ADJUSTED PAYMENTS (4.33 through 4.42) 1) Supplemental sample--outliers by dollars																	
4.33	5159B-302 (14-15)	Required	Required	Regular UI	UI only	Intrastate	Adjustment	Total	Required	Required	Required	Must be blank	Must be blank	Must be blank	Must be blank		Required
4.34	5159B-302 (14-16)	Required	Required	Regular UI	UI only	Interstate	Adjustment	Total	Required	Required	Required	Must be blank	Must be blank	Must be blank	Must be blank		Required
4.35	5159B-302 (14, 15, 17)	Required	Required	Regular UI	UI/Federal	Intrastate	Adjustment	Total	Required	Required	Required	Required ^a	Required ^a	Must be blank	Must be blank		Required
4.36	5159B-302 (14-17)	Required	Required	Regular UI	UI/Federal	Interstate	Adjustment	Total	Required	Required	Required	Required ^a	Required ^a	Must be blank	Must be blank		Required
4.37	5159B-302 (17-18)	Required	Required	Regular UI	UCFE or UCFE/UCX	NA	Adjustment	NA			Must be blank	Required	Required for Joint Federal Claims only	Must be blank	Must be blank		Required

VALIDATION POPULATION 4
PAYMENTS/WEEKS COMPENSATED
PAYMENT MAIL DATE FALLS WITHIN REPORTING/VALIDATION PERIOD

Subpop #	Report, Line, and Column	1 (Step 1C) (Rule 1) SSN	2 (Step 1C) (Rule 2) Check Number Unique ID	3 (Step 2) Type of UI Program	4 (Step 4) Program Type	5 (Step 5) Intrastate/ Interstate	6 (Step 10A) (Step 10B) (Step 10F) (Step 10G) Type of Compensation	7 (Step 10D) (Step 10E) Partial/ Total Weeks of Unemployment	8 (Step 10D) (Rule 2) (Step 10E) (Rule 2) Earnings	9 (Step 10D) (Rule 3) (Step 10E) (Rule 3) WBA	10 (Step 12A) UI Amount	11 (Step 12B) UCFE Amount	12 (Step 12C) UCX Amount	13 (Step 12D) CWC Amount	14 (Step 12E) Self-Employ Amount	15 (Step 13) Week End Date	16 (Step 14) Mail Date
4.38	5159B-302 (17, 19)	Required	Required	Regular UI	UCX only	NA	Adjustment	NA			Must be blank	Must be blank	Required	Must be blank	Must be blank		Required
4.39	5159B-302-14	Required	Required	Regular UI	UI only	Intrastate	Adjustment	Partial	Required	Required	Required	Must be blank	Must be blank	Must be blank	Must be blank		Required
4.40	5159B-302 (14, 16)	Required	Required	Regular UI	UI only	Interstate	Adjustment	Partial	Required	Required	Required	Must be blank	Must be blank	Must be blank	Must be blank		Required
4.41	5159B-302 (14, 17)	Required	Required	Regular UI	UI/Federal	Intrastate	Adjustment	Partial	Required	Required	Required	Required ^a	Required ^a	Must be blank	Must be blank		Required
4.42	5159B-302 (14, 16, 17)	Required	Required	Regular UI	UI/Federal	Interstate	Adjustment	Partial	Required	Required	Required	Required ^a	Required ^a	Must be blank	Must be blank		Required
SELF-EMPLOYMENT PAYMENTS (4.43) 1) Minimum sample: First two cases																	
4.43	5159B-301-20 5159B-302-20	Required	Required	Regular UI	Self-employment	Both	Self-Employment		Required	Required	Must be blank	Must be blank	Must be blank	Must be blank	Required		Required
CWC FIRST PAYMENTS (4.44 through 4.45) 1) Random sample: 30 or 100																	
4.44	586A-101 (4-5) 586B Column 8 (Total)	Required	Required	Regular UI	NA	Intrastate CWC	First Payment		Required	Required	Must be blank	Must be blank	Must be blank	Required	Must be blank	Required	Required
4.45	586A-102 (4-5) 586B Column 9 (Total)	Required	Required	Regular UI	NA	Interstate CWC	First Payment		Required	Required	Must be blank	Must be blank	Must be blank	Required	Must be blank	Required	Required
CWC WEEKS COMPENSATED/NOT FIRST PAYMENTS (4.46 through 4.47) 1) Minimum sample: First two cases from each subpopulation																	
4.46	586A-101 (4-5)	Required	Required	Regular UI	NA	Intrastate CWC	Weeks Compensated Not First Payments		Required	Required	Must be blank	Must be blank	Must be blank	Required	Must be blank		Required
4.47	586A-102 (4-5)	Required	Required	Regular UI	NA	Interstate CWC	Weeks Compensated Not First Payments		Required	Required	Must be blank	Must be blank	Must be blank	Required	Must be blank		Required
CWC ADJUSTED PAYMENTS (4.48 through 4.49) 1) Minimum sample: First two cases from each subpopulation																	
4.48	586A-101-5	Required	Required	Regular UI	NA	Intrastate CWC	Adjustment		Required	Required	Must be blank	Must be blank	Must be blank	Required	Must be blank		Required
4.49	586A-102-5	Required	Required	Regular UI	NA	Interstate CWC	Adjustment		Required	Required	Must be blank	Must be blank	Must be blank	Required	Must be blank		Required

VALIDATION POPULATION 4
PAYMENTS/WEEKS COMPENSATED
PAYMENT MAIL DATE FALLS WITHIN REPORTING/VALIDATION PERIOD

		1 (Step 1C) (Rule 1)	2 (Step 1C) (Rule 2)	3 (Step 2)	4 (Step 4)	5 (Step 5)	6 (Step 10A) (Step 10B) (Step 10F) (Step 10G)	7 (Step 10D) (Step 10E)	8 (Step 10D) (Rule 2) (Step 10E) (Rule 2)	9 (Step 10D) (Rule 3) (Step 10E) (Rule 3)	10 (Step 12A)	11 (Step 12B)	12 (Step 12C)	13 (Step 12D)	14 (Step 12E)	15 (Step 13)	16 (Step 14)
Subpop #	Report, Line, and Column	SSN	Check Number Unique ID	Type of UI Program	Program Type	Intrastate/ Interstate	Type of Compensation	Partial/ Total Weeks of Unemployment	Earnings	WBA	UI Amount	UCFE Amount	UCX Amount	CWC Amount	Self- Employ Amount	Week End Date	Mail Date
CWC PRIOR QUARTER (4.48 through 4.49) 1) Minimum sample: First two cases from each subpopulation																	
4.50	586A-101 (6-7)	Required	Required	Regular UI	NA	Intrastate CWC	Prior Weeks Comp.				Must be blank	Must be blank	Must be blank	Required	Must be blank		Required
4.51	586A-102 (6-7)	Required	Required	Regular UI	NA	Interstate CWC	Prior Weeks Comp.				Must be blank	Must be blank	Must be blank	Required	Must be blank		Required

^aEither the UCFE or UCX amount (or both) must be entered.

NOTE: For Joint Claims, Column 10 represents the UI portion of the payment, and Columns 11 and 12 represent the Federal portion of the payment.

The term supplement includes supplemental payments, partial offset payments, and negative adjustments. Observations reported in all populations of first and continued payments (column 2) will be sorted by time lapse days in ascending order and subtotalled by time lapse categories. Observations reported in all populations of supplemental payments will be sorted by SSN.

**RELATIONSHIP BETWEEN VALIDATION SUBPOPULATIONS IN POPULATION 4
AND ETA 9050, ETA 9051, AND ETA 586B PAYMENTS TIME LAPSE**

		Intrastate				Interstate			
		UI C2	UCFE C3	UCX C4	(586B-TOTAL) CWC (8)	UI C6	UCFE C7	UCX C8	(586B-TOTAL) CWC (9)
All First Payments	9050 (All)	1, 3, 9, and 11	5 and 13	7 and 15	44	2, 4, 10, and 12	6 and 14	8 and 16	45
Partial First Payments	9050 (Part)	9 and 11	13	15		10 and 12	14	16	
All Continued Payments	9051 (All)	17, 19, 25, and 27	21 and 29	23 and 31		18, 20, 26, and 28	22 and 30	24 and 32	
Partial Continued Payments	9051 (Part)	25 and 27	29	31		26 and 28	30	32	

**RELATIONSHIP BETWEEN VALIDATION SUBPOPULATIONS IN POPULATION 4 AND ETA 5159B REPORTING CELLS
WEEKS COMPENSATED**

	State UI Program ^a			UCFE and UCX Programs			Self-employment All Programs (20)
5159 Section B	All Weeks Compensated (14)	Total Unemployment (15)	Interstate (16)	Total (17)	UCFE - No UI (18)	UCX Only (19)	
Number 301	1 - 4 9 - 12 17 - 20 25 - 28	1 - 4 17 - 20	2, 4, 10, 12 18, 20, 26, 28	5 - 8 13 - 16 21 - 24 29 - 32	5 - 6 13 - 14 21 - 22 29 - 30	7 - 8 15 - 16 23 - 24 31 - 32	43
Amount 302	Column 10 1 - 4 9 - 12 17 - 20 25 - 28 33 - 36 39 - 42	Column 10 1 - 4 17 - 20 33 - 36	Column 10 2, 4, 10, 12 18, 20, 26, 28 34, 36, 40, 42	Columns 11 & 12 3 - 8 11 - 16 19 - 24 27 - 32 35 - 38 41 - 42	Columns 11 & 12 ^b 5 - 6 13 - 14 21 - 22 29 - 30 37	Column 12 ^c 7 - 8 15 - 16 23 - 24 31 - 32 38	43

^aIf joint claim, then only includes the UI share of the payment.

^bIncludes all payments from UCFE and the UCX portion of UCFE/UCX funds.

^cIncludes all payments from UCX funds.

RELATIONSHIP BETWEEN VALIDATION SUBPOPULATIONS IN POPULATION 4 AND ETA 586A REPORTING CELLS

PAYMENT ACTIVITY

State UI	Line No.	Weeks Compensated (4)	Benefits Paid (5)	Prior Weeks Compensated (6)	Prior Benefits Paid (7)
Intrastate	101	44, 46	44, 46, 48	50	50
Interstate Recvd. as Paying State	102	45, 47	45, 47, 49	51	51

Population 4 Notes

1. The First Payment time lapse performance measure (as reported on the 9050 Report) uses a different definition of first payment than the definition of first payment used on the 5159 report. The 9050 measure uses the first compensable week rather than the first week compensated.

First payments are payments for the first compensable week in the benefit year after the waiting week where there were no excessive earnings. Because it is driven by the week paid, it is possible that the first payment date could fall after other payments have been made on the claim.

The 5159 counts (which are currently not validated) use the first week compensated (earliest payment date on the claim).

2. Adjusted Payments (Subpopulations 4.33 – 4.42): These are payments for weeks that have previously been compensated. The initial payment for the week is counted as a week compensated, and only additional payments for the same week are considered adjustments. These are reported on row 302 (section B) of the 5159 only. Only dollar amounts are included. These payments are not counted as weeks compensated in row 301 (section B) of the 5159 nor are they included on the 9050 or 9051 reports.
3. Self-employment: These payments are reported twice. They are reported as self-employment and also as part of the regular program; therefore, they must be extracted twice.
4. CWC prior weeks compensated (Subpopulations 4.50 – 4.51): The software allows the state to check the integrity of the files by using date ranges. For example, the 5159 is a monthly report, and the dates must be within the month being validated. CWC prior weeks compensated payment dates will not fall during the same month being validated, and the software will not accept these records since the dates will not fall in the date range. The way around this is to set a begin date that will cover the earliest CWC prior weeks.
5. Joint Payments: In situations where a payment for a joint claim is made that does not use funds from more than one program, that payment is not considered joint and should be reported as UI, UCFE, or UCX.
6. Timing: Set the sign in dates for a quarter to allow the validation counts (from Subpopulations 4.44 to 4.51) to match a quarterly CWC 586 report. For the other subpopulations, select one month from within the quarter to load and validate. Records labeled “CWC Prior Weeks Compensated” (subpopulations 4.50 and 4.51) will have payment dates prior to the quarter, but the software will allow those to import.

VALIDATION POPULATION 5

NON-MONETARY DETERMINATIONS AND REDETERMINATIONS

NOTICE DATE FALLS WITHIN REPORTING/VALIDATION PERIOD

Sub pop #	Report, Line, and Column	1 (Step 1D) (Rule 1)	2 (Step 1D) (Rule 2)	3 (Step 2)	4 (Step 4)	5 (Step 5)	6 (Step 15)	7 (Step 16)	8 (Step 17)	9 (Step 18)	10 (Step 19)	11 (Step 20)	12 (Step 21)
		SSN	Issue Number (Unique ID)	Type of UI Program	Program Type	Intrastate/ Interstate	Determination/ Redetermination	Type of Determination	Issue Types	First Week Affected	Detection Date	Notice Date	Allow ^b Deny
SINGLE CLAIMANT NON-MONETARY DETERMINATIONS (5.1 through 5.60) 1) Random sample: 30 or 100; 2) Supplemental sample--missing strata; 3) Supplemental sample--outliers													
5.1	207: A 101-2; B 201-8 9052A-C2; 9053A-C2	Required	Required if State maintains a unique ID	Regular UI Workshare	UI	Intrastate	Determination	Single	VL	Required	Required	Required	Allow
5.2	207: A 101-2; B 201-9 9052A-C2; 9053A-C2	Required	Required if State maintains a unique ID	Regular UI Workshare	UI	Intrastate	Determination	Single	MC	Required	Required	Required	Allow
5.3	207: A 101-2; B 201-10 9052A-C2; 9053A-C2	Required	Required if State maintains a unique ID	Regular UI Workshare	UI	Intrastate	Determination	Single	Sep/Other	Required	Required	Required	Allow
5.4	207: A 101-2; C 301-12 9052B-C98; 9053B-C98	Required	Required if State maintains a unique ID	Regular UI Workshare	UI	Intrastate	Determination	Single	A & A	Required	Required	Required	Allow
5.5	207: A 101-2; C 301-13 9052B-C98; 9053B-C98	Required	Required if State maintains a unique ID	Regular UI Workshare	UI	Intrastate	Determination	Single	Ded. Income	Required	Required	Required	Allow
5.6	207: A 101-2; C 301-14 9052B-C98; 9053B-C98	Required	Required if State maintains a unique ID	Regular UI Workshare	UI	Intrastate	Determination	Single	Suitable Work	Required	Required	Required	Allow
5.7	207: A 101-2; C 301-15 9052B-C98; 9053B-C98	Required	Required if State maintains a unique ID	Regular UI Workshare	UI	Intrastate	Determination	Single	Reporting	Required	Required	Required	Allow

VALIDATION POPULATION 5

NON-MONETARY DETERMINATIONS AND REDETERMINATIONS

NOTICE DATE FALLS WITHIN REPORTING/VALIDATION PERIOD

Sub pop #	Report, Line, and Column	1 (Step 1D) (Rule 1)	2 (Step 1D) (Rule 2)	3 (Step 2)	4 (Step 4)	5 (Step 5)	6 (Step 15)	7 (Step 16)	8 (Step 17)	9 (Step 18)	10 (Step 19)	11 (Step 20)	12 (Step 21)
		SSN	Issue Number (Unique ID)	Type of UI Program	Program Type	Intrastate/ Interstate	Determination/ Redetermination	Type of Determination	Issue Types	First Week Affected	Detection Date	Notice Date	Allow ^b Deny
5.8	207: A 101-2; C 301-16 9052B-C98; 9053B-C98	Required	Required if State maintains a unique ID	Regular UI Workshare	UI	Intrastate	Determination	Single	Profiling	Required	Required	Required	Allow
5.9	207: A 101-2; C 301-17 9052B-C98; 9053B-C98	Required	Required if State maintains a unique ID	Regular UI Workshare	UI	Intrastate	Determination	Single	Other Nonsep	Required	Required	Required	Allow
5.10	207: A 101-2; B 201-8 9052A-C6; 9053A-C6	Required	Required if State maintains a unique ID	Regular UI Workshare	UI	Interstate	Determination	Single	VL	Required	Required	Required	Allow
5.11	207: A 101-2; B 201-9 9052A-C6; 9053A-C6	Required	Required if State maintains a unique ID	Regular UI Workshare	UI	Interstate	Determination	Single	MC	Required	Required	Required	Allow
5.12	207: A 101-2; B 201-10 9052A-C6; 9053A-C6	Required	Required if State maintains a unique ID	Regular UI Workshare	UI	Interstate	Determination	Single	Sep/Other	Required	Required	Required	Allow
5.13	207: A 101-2; C 301-12 9052B-C102; 9053B-C102	Required	Required if State maintains a unique ID	Regular UI Workshare	UI	Interstate	Determination	Single	A & A	Required	Required	Required	Allow
5.14	207: A 101-2; C 301-13 9052B-C102; 9053B-C102	Required	Required if State maintains a unique ID	Regular UI Workshare	UI	Interstate	Determination	Single	Ded. Income	Required	Required	Required	Allow
5.15	207: A 101-2; C 301-14 9052B-C102; 9053B-C102	Required	Required if State maintains a unique ID	Regular UI Workshare	UI	Interstate	Determination	Single	Suitable Work	Required	Required	Required	Allow

VALIDATION POPULATION 5

NON-MONETARY DETERMINATIONS AND REDETERMINATIONS

NOTICE DATE FALLS WITHIN REPORTING/VALIDATION PERIOD

Sub pop #	Report, Line, and Column	1 (Step 1D) (Rule 1)	2 (Step 1D) (Rule 2)	3 (Step 2)	4 (Step 4)	5 (Step 5)	6 (Step 15)	7 (Step 16)	8 (Step 17)	9 (Step 18)	10 (Step 19)	11 (Step 20)	12 (Step 21)
		SSN	Issue Number (Unique ID)	Type of UI Program	Program Type	Intrastate/ Interstate	Determination/ Redetermination	Type of Determination	Issue Types	First Week Affected	Detection Date	Notice Date	Allow ^b Deny
5.16	207: A 101-2; C 301-15 9052B-C102; 9053B-C102	Required	Required if State maintains a unique ID	Regular UI Workshare	UI	Interstate	Determination	Single	Reporting	Required	Required	Required	Allow
5.17	207: A 101-2; C 301-16 9052B-C102; 9053B-C102	Required	Required if State maintains a unique ID	Regular UI Workshare	UI	Interstate	Determination	Single	Profiling	Required	Required	Required	Allow
5.18	207: A 101-2; C 301-17 9052B-C102; 9053B-C102	Required	Required if State maintains a unique ID	Regular UI Workshare	UI	Interstate	Determination	Single	Other Nonsep	Required	Required	Required	Allow
5.19	207A: 101-2; 102-2 207B: 201-8; 202-8 9052A-C2; 9053A-C2	Required	Required if State maintains a unique ID	Regular UI Workshare	UI	Intrastate	Determination	Single	VL	Required	Required	Required	Deny
5.20	207A: 101-2; 102-2 207B: 201-9; 202-9 9052A-C2; 9053A-C2	Required	Required if State maintains a unique ID	Regular UI Workshare	UI	Intrastate	Determination	Single	MC	Required	Required	Required	Deny
5.21	207A: 101-2; 102-2 207B: 201-10; 202-10 9052A-C2; 9053A-C2	Required	Required if State maintains a unique ID	Regular UI Workshare	UI	Intrastate	Determination	Single	Sep/Other	Required	Required	Required	Deny

VALIDATION POPULATION 5

NON-MONETARY DETERMINATIONS AND REDETERMINATIONS

NOTICE DATE FALLS WITHIN REPORTING/VALIDATION PERIOD

Sub pop #	Report, Line, and Column	1 (Step 1D) (Rule 1)	2 (Step 1D) (Rule 2)	3 (Step 2)	4 (Step 4)	5 (Step 5)	6 (Step 15)	7 (Step 16)	8 (Step 17)	9 (Step 18)	10 (Step 19)	11 (Step 20)	12 (Step 21)
		SSN	Issue Number (Unique ID)	Type of UI Program	Program Type	Intrastate/ Interstate	Determination/ Redetermination	Type of Determination	Issue Types	First Week Affected	Detection Date	Notice Date	Allow ^b Deny
5.22	207A: 101-2; 102-2 207C: 301-12; 302-12 9052B-C98; 9053B-C98	Required	Required if State maintains a unique ID	Regular UI Workshare	UI	Intrastate	Determination	Single	A & A	Required	Required	Required	Deny
5.23	207A: 101-2; 102-2 207C: 301-13; 302-13 9052B-C98; 9053B-C98	Required	Required if State maintains a unique ID	Regular UI Workshare	UI	Intrastate	Determination	Single	Ded. Income	Required	Required	Required	Deny
5.24	207A: 101-2; 102-2 207C: 301-14; 302-14 9052B-C98; 9053B-C98	Required	Required if State maintains a unique ID	Regular UI Workshare	UI	Intrastate	Determination	Single	Suitable Work	Required	Required	Required	Deny
5.25	207A: 101-2; 102-2 207C: 301-15; 302-15 9052B-C98; 9053B-C98	Required	Required if State maintains a unique ID	Regular UI Workshare	UI	Intrastate	Determination	Single	Reporting	Required	Required	Required	Deny
5.26	207A: 101-2; 102-2 207C: 301-16; 302-16 9052B-C98; 9053B-C98	Required	Required if State maintains a unique ID	Regular UI Workshare	UI	Intrastate	Determination	Single	Profiling	Required	Required	Required	Deny

VALIDATION POPULATION 5

NON-MONETARY DETERMINATIONS AND REDETERMINATIONS

NOTICE DATE FALLS WITHIN REPORTING/VALIDATION PERIOD

Sub pop #	Report, Line, and Column	1 (Step 1D) (Rule 1)	2 (Step 1D) (Rule 2)	3 (Step 2)	4 (Step 4)	5 (Step 5)	6 (Step 15)	7 (Step 16)	8 (Step 17)	9 (Step 18)	10 (Step 19)	11 (Step 20)	12 (Step 21)
		SSN	Issue Number (Unique ID)	Type of UI Program	Program Type	Intrastate/ Interstate	Determination/ Redetermination	Type of Determination	Issue Types	First Week Affected	Detection Date	Notice Date	Allow ^b Deny
5.27	207A: 101-2; 102-2 207C: 301-17; 302-17 9052B-C98; 9053B-C98	Required	Required if State maintains a unique ID	Regular UI Workshare	UI	Intrastate	Determination	Single	Other Nonsep	Required	Required	Required	Deny
5.28	207A: 101-2; 102-2 207B: 201-8; 202-8 9052A-C6; 9053A-C6	Required	Required if State maintains a unique ID	Regular UI Workshare	UI	Interstate	Determination	Single	VL	Required	Required	Required	Deny
5.29	207A: 101-2; 102-2 207B: 201-9; 202-9 9052A-C6; 9053A-C6	Required	Required if State maintains a unique ID	Regular UI Workshare	UI	Interstate	Determination	Single	MC	Required	Required	Required	Deny
5.30	207A: 101-2; 102-2 207B: 201-10; 202-10 9052A-C6; 9053A-C6	Required	Required if State maintains a unique ID	Regular UI Workshare	UI	Interstate	Determination	Single	Sep/Other	Required	Required	Required	Deny
5.31	207A: 101-2; 102-2 207C: 301-12; 302-12 9052B-C102; 9053B-C102	Required	Required if State maintains a unique ID	Regular UI Workshare	UI	Interstate	Determination	Single	A & A	Required	Required	Required	Deny

VALIDATION POPULATION 5

NON-MONETARY DETERMINATIONS AND REDETERMINATIONS

NOTICE DATE FALLS WITHIN REPORTING/VALIDATION PERIOD

Sub pop #	Report, Line, and Column	1 (Step 1D) (Rule 1)	2 (Step 1D) (Rule 2)	3 (Step 2)	4 (Step 4)	5 (Step 5)	6 (Step 15)	7 (Step 16)	8 (Step 17)	9 (Step 18)	10 (Step 19)	11 (Step 20)	12 (Step 21)
		SSN	Issue Number (Unique ID)	Type of UI Program	Program Type	Intrastate/ Interstate	Determination/ Redetermination	Type of Determination	Issue Types	First Week Affected	Detection Date	Notice Date	Allow ^b Deny
5.32	207A: 101-2; 102-2 207C: 301-13; 302-13 9052B-C102; 9053B-C102	Required	Required if State maintains a unique ID	Regular UI Workshare	UI	Interstate	Determination	Single	Ded. Income	Required	Required	Required	Deny
5.33	207A: 101-2; 102-2 207C: 301-14; 302-14 9052B-C102; 9053B-C102	Required	Required if State maintains a unique ID	Regular UI Workshare	UI	Interstate	Determination	Single	Suitable Work	Required	Required	Required	Deny
5.34	207A: 101-2; 102-2 207C: 301-15; 302-15 9052B-C102; 9053B-C102	Required	Required if State maintains a unique ID	Regular UI Workshare	UI	Interstate	Determination	Single	Reporting	Required	Required	Required	Deny
5.35	207A: 101-2; 102-2 207C: 301-16; 302-16 9052B-C102; 9053B-C102	Required	Required if State maintains a unique ID	Regular UI Workshare	UI	Interstate	Determination	Single	Profiling	Required	Required	Required	Deny
5.36	207A: 101-2; 102-2 207C: 301-17; 302-17 9052B-C102; 9053B-C102	Required	Required if State maintains a unique ID	Regular UI Workshare	UI	Interstate	Determination	Single	Other Nonsep	Required	Required	Required	Deny
5.37	207: A 103-1; B 203-8 9052A-C3; 9053A-C3	Required	Required if State maintains a unique ID	Regular UI Workshare	UCFE	Intrastate	Determination	Single	VL	Required	Required	Required	Allow

VALIDATION POPULATION 5

NON-MONETARY DETERMINATIONS AND REDETERMINATIONS

NOTICE DATE FALLS WITHIN REPORTING/VALIDATION PERIOD

Sub pop #	Report, Line, and Column	1 (Step 1D) (Rule 1)	2 (Step 1D) (Rule 2)	3 (Step 2)	4 (Step 4)	5 (Step 5)	6 (Step 15)	7 (Step 16)	8 (Step 17)	9 (Step 18)	10 (Step 19)	11 (Step 20)	12 (Step 21)
		SSN	Issue Number (Unique ID)	Type of UI Program	Program Type	Intrastate/ Interstate	Determination/ Redetermination	Type of Determination	Issue Types	First Week Affected	Detection Date	Notice Date	Allow ^b Deny
5.38	207: A 103-1; B 203-9 9052A-C3; 9053A-C3	Required	Required if State maintains a unique ID	Regular UI Workshare	UCFE	Intrastate	Determination	Single	MC	Required	Required	Required	Allow
5.39	207: A 103-1; B 203-10 9052A-C3; 9053A-C3	Required	Required if State maintains a unique ID	Regular UI Workshare	UCFE	Intrastate	Determination	Single	Sep/Other	Required	Required	Required	Allow
5.40	207A-103-1 9052B-C99; 9053B-C99	Required	Required if State maintains a unique ID	Regular UI Workshare	UCFE	Intrastate	Determination	Single	Nonsep	Required	Required	Required	Allow
5.41	207: A 103-1; B 203-8 9052A-C7; 9053A-C7	Required	Required if State maintains a unique ID	Regular UI Workshare	UCFE	Interstate	Determination	Single	VL	Required	Required	Required	Allow
5.42	207: A 103-1; B 203-9 9052A-C7; 9053A-C7	Required	Required if State maintains a unique ID	Regular UI Workshare	UCFE	Interstate	Determination	Single	MC	Required	Required	Required	Allow
5.43	207: A 103-1; B 203-10 9052A-C7; 9053A-C7	Required	Required if State maintains a unique ID	Regular UI Workshare	UCFE	Interstate	Determination	Single	Sep/Other	Required	Required	Required	Allow
5.44	207A-103-1 9052B-C103; 9053B-C103	Required	Required if State maintains a unique ID	Regular UI Workshare	UCFE	Interstate	Determination	Single	Other Nonsep	Required	Required	Required	Allow
5.45	207A: 103-1; 104-1 207B: 203-8; 204-8 9052A-C3; 9053A-C3	Required	Required if State maintains a unique ID	Regular UI Workshare	UCFE	Intrastate	Determination	Single	VL	Required	Required	Required	Deny

VALIDATION POPULATION 5

NON-MONETARY DETERMINATIONS AND REDETERMINATIONS

NOTICE DATE FALLS WITHIN REPORTING/VALIDATION PERIOD

Sub pop #	Report, Line, and Column	1 (Step 1D) (Rule 1)	2 (Step 1D) (Rule 2)	3 (Step 2)	4 (Step 4)	5 (Step 5)	6 (Step 15)	7 (Step 16)	8 (Step 17)	9 (Step 18)	10 (Step 19)	11 (Step 20)	12 (Step 21)
		SSN	Issue Number (Unique ID)	Type of UI Program	Program Type	Intrastate/ Interstate	Determination/ Redetermination	Type of Determination	Issue Types	First Week Affected	Detection Date	Notice Date	Allow ^b Deny
5.46	207A: 103-1; 104-1 207B: 203-9; 204-9 9052A-C3; 9053A-C3	Required	Required if State maintains a unique ID	Regular UI Workshare	UCFE	Intrastate	Determination	Single	MC	Required	Required	Required	Deny
5.47	207A: 103-1; 104-1 207B: 203-10; 204-10 9052A-C3; 9053A-C3	Required	Required if State maintains a unique ID	Regular UI Workshare	UCFE	Intrastate	Determination	Single	Sep/Other	Required	Required	Required	Deny
5.48	207A: 103-1; 104-1 9052B-C99; 9053B-C99	Required	Required if State maintains a unique ID	Regular UI Workshare	UCFE	Intrastate	Determination	Single	Other Nonsep	Required	Required	Required	Deny
5.49	207A: 103-1; 104-1 207B: 203-8; 204-8 9052A-C7; 9053A-C7	Required	Required if State maintains a unique ID	Regular UI Workshare	UCFE	Interstate	Determination	Single	VL	Required	Required	Required	Deny
5.50	207A: 103-1; 104-1 207B: 203-9; 204-9 9052A-C7; 9053A-C7	Required	Required if State maintains a unique ID	Regular UI Workshare	UCFE	Interstate	Determination	Single	MC	Required	Required	Required	Deny
5.51	207A: 103-1; 104-1 207B: 203-10; 204-10 9052A-C7; 9053A-C7	Required	Required if State maintains a unique ID	Regular UI Workshare	UCFE	Interstate	Determination	Single	Sep/Other	Required	Required	Required	Deny

VALIDATION POPULATION 5

NON-MONETARY DETERMINATIONS AND REDETERMINATIONS

NOTICE DATE FALLS WITHIN REPORTING/VALIDATION PERIOD

Sub pop #	Report, Line, and Column	1 (Step 1D) (Rule 1)	2 (Step 1D) (Rule 2)	3 (Step 2)	4 (Step 4)	5 (Step 5)	6 (Step 15)	7 (Step 16)	8 (Step 17)	9 (Step 18)	10 (Step 19)	11 (Step 20)	12 (Step 21)
		SSN	Issue Number (Unique ID)	Type of UI Program	Program Type	Intrastate/ Interstate	Determination/ Redetermination	Type of Determination	Issue Types	First Week Affected	Detection Date	Notice Date	Allow ^b Deny
5.52	207A: 103-1; 104-1 9052B-C103; 9053B-C103	Required	Required if State maintains a unique ID	Regular UI Workshare	UCFE	Interstate	Determination	Single	Nonsep	Required	Required	Required	Deny
5.53	207A-105-1 9052A-C4; 9053A-C4	Required	Required if State maintains a unique ID	Regular UI Workshare	UCX	Intrastate	Determination	Single	Sep	Required	Required	Required	Allow
5.54	207A-105-1 9052B-C100; 9053B-C100	Required	Required if State maintains a unique ID	Regular UI Workshare	UCX	Intrastate	Determination	Single	Nonsep	Required	Required	Required	Allow
5.55	207A-105-1 9052A-C8; 9053A-C8	Required	Required if State maintains a unique ID	Regular UI Workshare	UCX	Interstate	Determination	Single	Sep	Required	Required	Required	Allow
5.56	207A-105-1 9052B-C104; 9053B-C104	Required	Required if State maintains a unique ID	Regular UI Workshare	UCX	Interstate	Determination	Single	Nonsep	Required	Required	Required	Allow
5.57	207A: 105-1; 106-1 9052A-C4; 9053A-C4	Required	Required if State maintains a unique ID	Regular UI Workshare	UCX	Intrastate	Determination	Single	Sep	Required	Required	Required	Deny
5.58	207A: 105-1; 106-1 9052B-C100; 9053B-C100	Required	Required if State maintains a unique ID	Regular UI Workshare	UCX	Intrastate	Determination	Single	Nonsep	Required	Required	Required	Deny
5.59	207A: 105-1; 106-1 9052A-C8; 9053A-C8	Required	Required if State maintains a unique ID	Regular UI Workshare	UCX	Interstate	Determination	Single	Sep	Required	Required	Required	Deny
5.60	207A: 105-1; 106-1 9052B-C104; 9053B-C104	Required	Required if State maintains a unique ID	Regular UI Workshare	UCX	Interstate	Determination	Single	Nonsep	Required	Required	Required	Deny

VALIDATION POPULATION 5

NON-MONETARY DETERMINATIONS AND REDETERMINATIONS

NOTICE DATE FALLS WITHIN REPORTING/VALIDATION PERIOD

Sub pop #	Report, Line, and Column	1 (Step 1D) (Rule 1)	2 (Step 1D) (Rule 2)	3 (Step 2)	4 (Step 4)	5 (Step 5)	6 (Step 15)	7 (Step 16)	8 (Step 17)	9 (Step 18)	10 (Step 19)	11 (Step 20)	12 (Step 21)
		SSN	Issue Number (Unique ID)	Type of UI Program	Program Type	Intrastate/ Interstate	Determination/ Redetermination	Type of Determination	Issue Types	First Week Affected	Detection Date	Notice Date	Allow ^b Deny
MULTI-CLAIMANT NON-MONETARY DETERMINATIONS (5.61 through 5.64) 1) Minimum Sample: First two cases from each subpopulation													
5.61	207A-101-5 9052C-C193; 9053C-C193	Required	Required if State maintains a unique ID	Regular UI Workshare			Determination	Multi	Labor Dispute	Required	Required	Required	Allow
5.62	207A: 101-5; 102-5 9052C-C193; 9053C-C193	Required	Required if State maintains a unique ID	Regular UI Workshare			Determination	Multi	Labor Dispute	Required	Required	Required	Deny
5.63	207A-101-6 9052C-C194; 9053C-C194	Required	Required if State maintains a unique ID	Regular UI Workshare			Determination	Multi	Other	Required	Required	Required	Allow
5.64	207A: 101-6; 102-6 9052C-C194; 9053C-C194	Required	Required if State maintains a unique ID	Regular UI Workshare			Determination	Multi	Other	Required	Required	Required	Deny
REDETERMINATIONS (5.65 through 5.70) 1) Random Sample: 30 or 100													
5.65	207A-101-3	Required	Required if State maintains a unique ID	Regular UI Workshare	UI	Both	Redetermination	Single	Required			Required	Allow
5.66	207A: 101-3; 102-3	Required	Required if State maintains a unique ID	Regular UI Workshare	UI	Both	Redetermination	Single	Required			Required	Deny
5.67	207A-103-1	Required	Required if State maintains a unique ID	Regular UI Workshare	UCFE	Both	Redetermination	Single	Required			Required	Allow
5.68	207A: 103-1; 104-1	Required	Required if State maintains a unique ID	Regular UI Workshare	UCFE	Both	Redetermination	Single	Required			Required	Deny

VALIDATION POPULATION 5

NON-MONETARY DETERMINATIONS AND REDETERMINATIONS

NOTICE DATE FALLS WITHIN REPORTING/VALIDATION PERIOD

Sub pop #	Report, Line, and Column	1 (Step 1D) (Rule 1)	2 (Step 1D) (Rule 2)	3 (Step 2)	4 (Step 4)	5 (Step 5)	6 (Step 15)	7 (Step 16)	8 (Step 17)	9 (Step 18)	10 (Step 19)	11 (Step 20)	12 (Step 21)
		SSN	Issue Number (Unique ID)	Type of UI Program	Program Type	Intrastate/ Interstate	Determination/ Redetermination	Type of Determination	Issue Types	First Week Affected	Detection Date	Notice Date	Allow ^b Deny
5.69	207A-105-1	Required	Required if State maintains a unique ID	Regular UI Workshare	UCX	Both	Redetermination	Single	Required			Required	Allow
5.70	207A: 105-1; 106-1	Required	Required if State maintains a unique ID	Regular UI Workshare	UCX	Both	Redetermination	Single	Required			Required	Deny

^aFor multiclaimants, include the number of claimants involved.

^bAllow or affirmed

**RELATIONSHIP BETWEEN SUBPOPULATIONS IN POPULATION 5
AND ETA 207 REPORTING CELLS**

207 SECTION A			Total dets and redets (1)	dets (2)	redets (3)	multi-labor (5)	multi-other (6)
UI	Dets	101		1-36	65-66	61-62	63-64
UI	Denials	102		19-36	66	62 (Column 7) ^a	64 (Column 7) ^a
UCFE	Dets	103	37-52 67-68				
UCFE	Denials	104	45-52 68				
UCX	Dets	105	53-60 69-70				
UCX	Denials	106	57-60 70				

207 SECTION B		Total Seps (7)	VL (8)	MC (9)	Other Sep (10)
UI	Dets	201	1, 10 19, 28	2, 11 20, 29	3, 12 21, 30
UI	Denials	202	19, 28	20, 29	21, 30
UCFE	Dets	203	37, 41 45, 49	38, 42 46, 50	39, 43 47, 51
UCFE	Denials	204	45, 49	46, 50	47, 51

207 SECTION C		Total Nonseps (11)	A & A (12)	Ded. Income (13)	Suit. Work (14)	Reporting (15)	Profiling (16)	Other (17)
UI	Dets	301	4, 13, 22, 31	5, 14, 23, 32	6, 15, 24, 33	7, 16, 25, 34	8, 17, 26, 35	9, 18, 27, 36
UI	Denials	302	22, 31	23, 32	24, 33	25, 34	26, 35	27, 36

^aAdd the number of multiclaimants involved.

**RELATIONSHIP BETWEEN SUBPOPULATIONS IN POPULATION 5
AND ETA 9052 AND 9053 ADJUDICATIONS TIME LAPSE REPORTING CELLS**

		Separation 9052A 9053A						Non-Separation 9052B 9053B						Labor Dispute C193	Other C194
		Intrastate			Interstate			Intrastate			Interstate				
		UI C2	UCFE C3	UCX C4	UI C6	UCFE C7	UCX C8	UI C98	UCFE C99	UCX C100	UI C102	UCFE C103	UCX C104		
Single Claimant	9052 9053	1-3 19-21	37-39 45-47	53 57	10-12 28-30	41-43 49-51	55 59	4-9 22-27	40 48	54 58	13-18 31-36	44 52	56 60		
Multi- claimant	9052C 9053C													61 62	63 64

NOTE: There are 11 time lapse categories in each of these table cells.

Population 5 Notes

1. For states that require a week to be claimed in order to count non-monetary determinations, use the transaction date of the non-monetary determination when the mail date precedes the week claimed date. For example, if a determination is mailed in December and the week is claimed in January, the state enters the transaction (or countable) date in January to signify that this non-monetary determination is countable for Federal reporting purposes.
2. Columns 12 and 13 (Steps 22A and 22B), Time Lapse: It is not necessary to fill in the time lapse. This will be automatically calculated by the validation software.
3. This population includes non-monetary determinations for Short Time Compensation (STC) Program (workshare) claims. These records should be labeled as "Workshare" for "Type of UI Program." See the software record layouts for more detail.
4. **Multiclaimageant Nonmonetary Determinations to deny benefits** are counted in two ways on the ETA 207 Report. Section A 101(6) counts the number of determinations. Section A 102(6) counts the number of claimants. Currently the software does not distinguish between the number of claimants and the number of determinations. If a single record representing a determination is entered, the count of determinations will be correct; however, the count of *claimants involved in* denials will be incorrect. Likewise, if ten records representing ten claimants are entered, the count of denials will be correct; however, the count of determinations will be incorrect.

The software will be revised in the future so that multiclaimageant determinations to deny benefits will be counted by both the number of determinations and the number of claimants in the same way that it is currently done for all multiclaimageant appeals reported on the ETA 5130 (Populations 8 and 9).

In the meantime, enter a record for each claimant in a multiclaimageant determination to deny benefits. The number of multiclaimageant denials will be correct although the number of determinations will be incorrect. Indicate in the comments field of the RV spreadsheet that the discrepancy is due to a software limitation and is not a state error.

VALIDATION POPULATION 6

CLAIMANTS INVOLVED IN STATE UI APPEALS FILED - LOWER

Subpop #	ETA ar5130B Line and Column	1 (Step 1E) (Rule 1) SSN	2 (Step 1E) (Rule 2) Docket Number Unique ID	3 (Step 22A) Appeal Level	4 (Step 23A) (Step 23B) (Rules 1 and 2) Type of Appeal	5 (Step 23B) (Rules 3 – 6) Number of Claimants	6 (Step 29) Date Filed
LOWER AUTHORITY APPEALS FILED (6.1 through 6.2) 1) Minimum sample: First two cases from each subpopulation							
6.1	200-8	Required	Required	Lower	Single Claimant		Required
6.2	200-10	Required	Required	Lower	Number of Claimants Involved in Multiclient Appeal ^a	≥ 1	Required

^aStates can list each claimant involved in multiclient appeals or just provide the number of claimants based on how the files are stored in the system.

RELATIONSHIP BETWEEN SUBPOPULATIONS IN POPULATION 6 AND ETA AR5130B REPORTING CELLS

SECTION B: Claimants Involved in State UI Appeals Cases by Status of Appeals

Line No.	Status of Appeals	Single-Claimant Appeals	Multi-Claimant Appeals
		Lower Authority (8)	Lower Authority (10)
200	Filed During Month	1	2

VALIDATION POPULATION 7

CLAIMANTS INVOLVED IN STATE UI APPEALS FILED - HIGHER

Subpop #	ETA ar5130B Line and Column	1 (Step 1F) (Rule 1)	2 (Step 1F) (Rule 2)	3 (Step 22B)	4 (Step 23A) (Step 23B) (Rules 1 and 2)	5 (Step 23B) (Rules 3 – 6)	6 (Step 29)
		SSN	Docket Number Unique ID	Appeal Level	Type of Appeal	Number of Claimants	Date Filed
HIGHER AUTHORITY APPEALS FILED (7.1 through 7.2) 1) Minimum sample: First two cases from each subpopulation							
7.1	200-9	Required	Required	Higher	Single Claimant		Required
7.2	200-11	Required	Required	Higher	Number of Claimants Involved in Multiclaimgant Appeal ^a	≥ 1	Required

^aStates can list each claimant involved in multiclaimgant appeals or just provide the number of claimants based on how the files are stored in the system.

RELATIONSHIP BETWEEN SUBPOPULATIONS IN POPULATION 7 AND ETA AR5130B REPORTING CELLS

SECTION B: Claimants Involved in State UI Appeals Cases by Status of Appeals

Line No.	Status of Appeals	Single-Claimant Appeals	Multi-Claimant Appeals
		Higher Authority (9)	Higher Authority (11)
200	Filed During Month	1	2

Population 6 and 7 Notes

1. **Appeal File Date:** If a state experiences delays in mailed appeals, it can use the received date rather than the postmark date to ensure that all appeals are counted. The received date can be used because there is no time lapse for this population. This would help in those situations where appeals are received after the 5130 report has been run for the previous month. For example, an appeal with a postmark of 3/31/02 that is received on 4/10/02, in a state where the 5130 was run on 4/7/02, would be reported as having been filed in April rather than in March.
2. **Subpopulation 6.2, Number of Claimants Involved in Multi-Claimant Appeal:** States will either store an individual record for each claimant involved in the appeal or one record with the number of claimants. The software will count the number of records or add the number of claimants in column 4 to derive the number of claimants involved in multi-claimant appeals filed.

VALIDATION POPULATION 8
LOWER AUTHORITY APPEALS DECISIONS
DECISION DATE FALLS WITHIN REPORTING/VALIDATION PERIOD
SORT BY TIME LAPSE DAYS ASCENDING

Subpop	Report, Line, and Column	1 (Step 1E) (Rule 1) SSN	2 (Step 1E) (Rule 2) Docket # Unique ID	3 (Step 2) Type of UI Program	4 (Step 4) Program Type	5 (Step 5) Intrastate/ Interstate	6 (Step 22A) Appeal Level	7 (Step 23A) (Step 23B) Type of Appeal	8 (Step 23B) (Rules 3 – 6) Number of Multi- claimants	9 (Step 24) Appellant	10 (Step 25) In Favor of Appellant	11 (Step 29) Filed Date	12 (Step 26) Decision Date	13 (Step 27A) (Step 27B) Disposed of by Decision	14 (Step 28) Issue Code
SINGLE CLAIMANT LOWER AUTHORITY APPEALS DECISIONS (8.1 through 8.44) 1) Random sample: 60 or 200 (includes review of folders); 2) Supplemental sample--missing strata (8.33 through 8.40 only); 3) Supplemental sample--outliers															
8.1	ar5130: A 100-1; B 210-8 ar5130C: 300-14; 310-14 ar5130D-400-21 9054A-C2	Required	Required	Regular UI Workshare	UI	Intrastate	Lower	S	NA	Claimant	Yes	Required	Required		V.L.
8.2	ar5130: A 100-1; B 210-8 ar5130C: 300-16; 310-16 ar5130D-400-21 9054A-C2	Required	Required	Regular UI Workshare	UI	Intrastate	Lower	S	NA	Employer	Yes	Required	Required		V.L.
8.3	ar5130: A 100-1; B 210-8 ar5130: C 300-14; D 400-21 9054A-C2	Required	Required	Regular UI Workshare	UI	Intrastate	Lower	S	NA	Claimant	No	Required	Required		V.L.
8.4	ar5130: A 100-1; B 210-8 ar5130: C 300-16; D 400-21 9054A-C2	Required	Required	Regular UI Workshare	UI	Intrastate	Lower	S	NA	Employer	No	Required	Required		V.L.
8.5	ar5130: A 100-1; B 210-8 ar5130C: 300-14; 310-14 ar5130D-400-21 9054A-C3	Required	Required	Regular UI Workshare	UI	Interstate	Lower	S	NA	Claimant	Yes	Required	Required		V.L.
8.6	ar5130: A 100-1; B 210-8 ar5130C: 300-16; 310-16 ar5130D-400-21 9054A-C3	Required	Required	Regular UI Workshare	UI	Interstate	Lower	S	NA	Employer	Yes	Required	Required		V.L.
8.7	ar5130: A 100-1; B 210-8 ar5130: C 300-14; D 400-21 9054A-C3	Required	Required	Regular UI Workshare	UI	Interstate	Lower	S	NA	Claimant	No	Required	Required		V.L.

VALIDATION POPULATION 8
LOWER AUTHORITY APPEALS DECISIONS
DECISION DATE FALLS WITHIN REPORTING/VALIDATION PERIOD
SORT BY TIME LAPSE DAYS ASCENDING

Subpop	Report, Line, and Column	1 (Step 1E) (Rule 1) SSN	2 (Step 1E) (Rule 2) Docket # Unique ID	3 (Step 2) Type of UI Program	4 (Step 4) Program Type	5 (Step 5) Intrastate/ Interstate	6 (Step 22A) Appeal Level	7 (Step 23A) (Step 23B) Type of Appeal	8 (Step 23B) (Rules 3 – 6) Number of Multi- claimants	9 (Step 24) Appellant	10 (Step 25) In Favor of Appellant	11 (Step 29) Filed Date	12 (Step 26) Decision Date	13 (Step 27A) (Step 27B) Disposed of by Decision	14 (Step 28) Issue Code
8.8	ar5130: A 100-1; B 210-8 ar5130: C 300-16; D 400-21 9054A-C3	Required	Required	Regular UI Workshare	UI	Interstate	Lower	S	NA	Employer	No	Required	Required		V.L.
8.9	ar5130: A 100-1; B 210-8 ar5130C: 300-14; 310-14 ar5130D-400-22 9054A-C2	Required	Required	Regular UI Workshare	UI	Intrastate	Lower	S	NA	Claimant	Yes	Required	Required		M.C.
8.10	ar5130: A 100-1; B 210-8 ar5130C: 300-16; 310-16 ar5130D-400-22 9054A-C2	Required	Required	Regular UI Workshare	UI	Intrastate	Lower	S	NA	Employer	Yes	Required	Required		M.C.
8.11	ar5130: A 100-1; B 210-8 ar5130: C 300-14; D 400-22 9054A-C2	Required	Required	Regular UI Workshare	UI	Intrastate	Lower	S	NA	Claimant	No	Required	Required		M.C.
8.12	ar5130: A 100-1; B 210-8 ar5130: C 300-16; D 400-22 9054A-C2	Required	Required	Regular UI Workshare	UI	Intrastate	Lower	S	NA	Employer	No	Required	Required		M.C.
8.13	ar5130: A 100-1; B 210-8 ar5130C: 300-14; 310-14 ar5130D-400-22 9054A-C3	Required	Required	Regular UI Workshare	UI	Interstate	Lower	S	NA	Claimant	Yes	Required	Required		M.C.

VALIDATION POPULATION 8
LOWER AUTHORITY APPEALS DECISIONS
DECISION DATE FALLS WITHIN REPORTING/VALIDATION PERIOD
SORT BY TIME LAPSE DAYS ASCENDING

Subpop	Report, Line, and Column	1 (Step 1E) (Rule 1) SSN	2 (Step 1E) (Rule 2) Docket # Unique ID	3 (Step 2) Type of UI Program	4 (Step 4) Program Type	5 (Step 5) Intrastate/ Interstate	6 (Step 22A) Appeal Level	7 (Step 23A) (Step 23B) Type of Appeal	8 (Step 23B) (Rules 3 – 6) Number of Multi- claimants	9 (Step 24) Appellant	10 (Step 25) In Favor of Appellant	11 (Step 29) Filed Date	12 (Step 26) Decision Date	13 (Step 27A) (Step 27B) Disposed of by Decision	14 (Step 28) Issue Code
8.14	ar5130: A 100-1; B 210-8 ar5130C: 300-16; 310-16 ar5130D-400-22 9054A-C3	Required	Required	Regular UI Workshare	UI	Interstate	Lower	S	NA	Employer	Yes	Required	Required		M.C.
8.15	ar5130: A 100-1; B 210-8 ar5130: C 300-14; D 400-22 9054A-C3	Required	Required	Regular UI Workshare	UI	Interstate	Lower	S	NA	Claimant	No	Required	Required		M.C.
8.16	ar5130: A 100-1; B 210-8 ar5130: C 300-16; D 400-22 9054A-C3	Required	Required	Regular UI Workshare	UI	Interstate	Lower	S	NA	Employer	No	Required	Required		M.C.
8.17	ar5130: A 100-1; B 210-8 ar5130C: 300-14; 310-14 ar5130D-400-23 9054A-C2	Required	Required	Regular UI Workshare	UI	Intrastate	Lower	S	NA	Claimant	Yes	Required	Required		Suit.
8.18	ar5130: A 100-1; B 210-8 ar5130C: 300-16; 310-16 ar5130D-400-23 9054A-C2	Required	Required	Regular UI Workshare	UI	Intrastate	Lower	S	NA	Employer	Yes	Required	Required		Suit.
8.19	ar5130: A 100-1; B 210-8 ar5130: C 300-14; D 400-23 9054A-C2	Required	Required	Regular UI Workshare	UI	Intrastate	Lower	S	NA	Claimant	No	Required	Required		Suit.
8.20	ar5130: A 100-1; B 210-8 ar5130: C 300-16; D 400-23 9054A-C2	Required	Required	Regular UI Workshare	UI	Intrastate	Lower	S	NA	Employer	No	Required	Required		Suit.
8.21	ar5130: A 100-1; B 210-8 ar5130C: 300-14; 310-14 ar5130D-400-23 9054A-C3	Required	Required	Regular UI Workshare	UI	Interstate	Lower	S	NA	Claimant	Yes	Required	Required		Suit.

VALIDATION POPULATION 8
LOWER AUTHORITY APPEALS DECISIONS
DECISION DATE FALLS WITHIN REPORTING/VALIDATION PERIOD
SORT BY TIME LAPSE DAYS ASCENDING

Subpop	Report, Line, and Column	1 (Step 1E) (Rule 1) SSN	2 (Step 1E) (Rule 2) Docket # Unique ID	3 (Step 2) Type of UI Program	4 (Step 4) Program Type	5 (Step 5) Intrastate/ Interstate	6 (Step 22A) Appeal Level	7 (Step 23A) (Step 23B) Type of Appeal	8 (Step 23B) (Rules 3 – 6) Number of Multi- claimants	9 (Step 24) Appellant	10 (Step 25) In Favor of Appellant	11 (Step 29) Filed Date	12 (Step 26) Decision Date	13 (Step 27A) (Step 27B) Disposed of by Decision	14 (Step 28) Issue Code
8.22	ar5130: A 100-1; B 210-8 ar5130C: 300-16; 310-16 ar5130D-400-23 9054A-C3	Required	Required	Regular UI Workshare	UI	Interstate	Lower	S	NA	Employer	Yes	Required	Required		Suit.
8.23	ar5130: A 100-1; B 210-8 ar5130: C 300-14; D 400-23 9054A-C3	Required	Required	Regular UI Workshare	UI	Interstate	Lower	S	NA	Claimant	No	Required	Required		Suit.
8.24	ar5130: A 100-1; B 210-8 ar5130: C 300-16; D 400-23 9054A-C3	Required	Required	Regular UI Workshare	UI	Interstate	Lower	S	NA	Employer	No	Required	Required		Suit.
8.25	ar5130: A 100-1; B 210-8 ar5130C: 300-14; 310-14 ar5130D-400-24 9054A-C2	Required	Required	Regular UI Workshare	UI	Intrastate	Lower	S	NA	Claimant	Yes	Required	Required		A & A
8.26	ar5130: A 100-1; B 210-8 ar5130C: 300-16; 310-16 ar5130D-400-24 9054A-C2	Required	Required	Regular UI Workshare	UI	Intrastate	Lower	S	NA	Employer	Yes	Required	Required		A & A
8.27	ar5130: A 100-1; B 210-8 ar5130: C 300-14; D 400-24 9054A-C2	Required	Required	Regular UI Workshare	UI	Intrastate	Lower	S	NA	Claimant	No	Required	Required		A & A
8.28	ar5130: A 100-1; B 210-8 ar5130: C 300-16; D 400-24 9054A-C2	Required	Required	Regular UI Workshare	UI	Intrastate	Lower	S	NA	Employer	No	Required	Required		A & A
8.29	ar5130: A 100-1; B 210-8 ar5130C: 300-14; 310-14 ar5130D-400-24 9054A-C3	Required	Required	Regular UI Workshare	UI	Interstate	Lower	S	NA	Claimant	Yes	Required	Required		A & A

VALIDATION POPULATION 8
LOWER AUTHORITY APPEALS DECISIONS
DECISION DATE FALLS WITHIN REPORTING/VALIDATION PERIOD
SORT BY TIME LAPSE DAYS ASCENDING

Subpop	Report, Line, and Column	1 (Step 1E) (Rule 1) SSN	2 (Step 1E) (Rule 2) Docket # Unique ID	3 (Step 2) Type of UI Program	4 (Step 4) Program Type	5 (Step 5) Intrastate/ Interstate	6 (Step 22A) Appeal Level	7 (Step 23A) (Step 23B) Type of Appeal	8 (Step 23B) (Rules 3 – 6) Number of Multi- claimants	9 (Step 24) Appellant	10 (Step 25) In Favor of Appellant	11 (Step 29) Filed Date	12 (Step 26) Decision Date	13 (Step 27A) (Step 27B) Disposed of by Decision	14 (Step 28) Issue Code
8.30	ar5130: A 100-1; B 210-8 ar5130C: 300-16; 310-16 ar5130D-400-24 9054A-C3	Required	Required	Regular UI Workshare	UI	Interstate	Lower	S	NA	Employer	Yes	Required	Required		A & A
8.31	ar5130: A 100-1; B 210-8 ar5130: C 300-14; D 400-24 9054A-C3	Required	Required	Regular UI Workshare	UI	Interstate	Lower	S	NA	Claimant	No	Required	Required		A & A
8.32	ar5130: A 100-1; B 210-8 ar5130: C 300-16; D 400-24 9054A-C3	Required	Required	Regular UI Workshare	UI	Interstate	Lower	S	NA	Employer	No	Required	Required		A & A
8.33	ar5130: A 100-1; B 210-8 ar5130C: 300-14; 310-14 ar5130D-400-26 9054A-C2	Required	Required	Regular UI Workshare	UI	Intrastate	Lower	S	NA	Claimant	Yes	Required	Required		Other

VALIDATION POPULATION 8
LOWER AUTHORITY APPEALS DECISIONS
DECISION DATE FALLS WITHIN REPORTING/VALIDATION PERIOD
SORT BY TIME LAPSE DAYS ASCENDING

Subpop	Report, Line, and Column	1 (Step 1E) (Rule 1) SSN	2 (Step 1E) (Rule 2) Docket # Unique ID	3 (Step 2) Type of UI Program	4 (Step 4) Program Type	5 (Step 5) Intrastate/ Interstate	6 (Step 22A) Appeal Level	7 (Step 23A) (Step 23B) Type of Appeal	8 (Step 23B) (Rules 3 – 6) Number of Multi- claimants	9 (Step 24) Appellant	10 (Step 25) In Favor of Appellant	11 (Step 29) Filed Date	12 (Step 26) Decision Date	13 (Step 27A) (Step 27B) Disposed of by Decision	14 (Step 28) Issue Code
8.34	ar5130: A 100-1; B 210-8 ar5130C: 300-16; 310-16 ar5130D-400-26 9054A-C2	Required	Required	Regular UI Workshare	UI	Intrastate	Lower	S	NA	Employer	Yes	Required	Required		Other
8.35	ar5130: A 100-1; B 210-8 ar5130: C 300-14; D 400-26 9054A-C2	Required	Required	Regular UI Workshare	UI	Intrastate	Lower	S	NA	Claimant	No	Required	Required		Other
8.36	ar5130: A 100-1; B 210-8 ar5130: C 300-16; D 400-26 9054A-C2	Required	Required	Regular UI Workshare	UI	Intrastate	Lower	S	NA	Employer	No	Required	Required		Other
8.37	ar5130: A 100-1; B 210-8 ar5130C: 300-14; 310-14 ar5130D-400-26 9054A-C3	Required	Required	Regular UI Workshare	UI	Interstate	Lower	S	NA	Claimant	Yes	Required	Required		Other
8.38	ar5130: A 100-1; B 210-8 ar5130C: 300-16; 310-16 ar5130D-400-26 9054A-C3	Required	Required	Regular UI Workshare	UI	Interstate	Lower	S	NA	Employer	Yes	Required	Required		Other
8.39	ar5130: A 100-1; B 210-8 ar5130: C 300-14; D 400-26 9054A-C3	Required	Required	Regular UI Workshare	UI	Interstate	Lower	S	NA	Claimant	No	Required	Required		Other
8.40	ar5130: A 100-1; B 210-8 ar5130: C 300-16; D 400-26 9054A-C3	Required	Required	Regular UI Workshare	UI	Interstate	Lower	S	NA	Employer	No	Required	Required		Other
8.41 ^a	ar5130A-100-3 9054A-C2	Required	Required	Regular UI Workshare	UCFE	Intrastate	Lower	S	NA			Required	Required		
8.42 ^a	ar5130A-100-3 9054A-C3	Required	Required	Regular UI Workshare	UCFE	Interstate	Lower	S	NA			Required	Required		

VALIDATION POPULATION 8
LOWER AUTHORITY APPEALS DECISIONS
DECISION DATE FALLS WITHIN REPORTING/VALIDATION PERIOD
SORT BY TIME LAPSE DAYS ASCENDING

Subpop	Report, Line, and Column	1 (Step 1E) (Rule 1) SSN	2 (Step 1E) (Rule 2) Docket # Unique ID	3 (Step 2) Type of UI Program	4 (Step 4) Program Type	5 (Step 5) Intrastate/ Interstate	6 (Step 22A) Appeal Level	7 (Step 23A) (Step 23B) Type of Appeal	8 (Step 23B) (Rules 3 – 6) Number of Multi- claimants	9 (Step 24) Appellant	10 (Step 25) In Favor of Appellant	11 (Step 29) Filed Date	12 (Step 26) Decision Date	13 (Step 27A) (Step 27B) Disposed of by Decision	14 (Step 28) Issue Code
8.43 ^a	ar5130A-100-5 9054A-C2	Required	Required	Regular UI Workshare	UCX	Intrastate	Lower	S	NA			Required	Required		
8.44 ^a	ar5130A-100-5 9054A-C3	Required	Required	Regular UI Workshare	UCX	Interstate	Lower	S	NA			Required	Required		
MULTI-CLAIMANT LOWER AUTHORITY APPEALS DECISIONS (8.45 through 8.55) 1) Minimum sample: First two cases from each subpopulation (includes review of folders)															
8.45	ar5130: A 100-1; B 210-10 ar5130C: 300-14; 310-14 ar5130D-400-25 9054A-C2	Required	Required	Regular UI Workshare	UI	Intrastate	Lower	M-1 M-Lead	≥ 1	Claimant	Yes	Required	Required		Labor Disp.
8.46	ar5130: A 100-1; B 210-10 ar5130C: 300-16; 310-16 ar5130D-400-25 9054A-C2	Required	Required	Regular UI Workshare	UI	Intrastate	Lower	M-1 M-Lead	≥ 1	Employer	Yes	Required	Required		Labor Disp.
8.47	ar5130: A 100-1; B 210-10 ar5130: C 300-14; D 400-25 9054A-C2	Required	Required	Regular UI Workshare	UI	Intrastate	Lower	M-1 M-Lead	≥ 1	Claimant	No	Required	Required		Labor Disp.
8.48	ar5130: A 100-1; B 210-10 ar5130: C 300-16; D 400-25 9054A-C2	Required	Required	Regular UI Workshare	UI	Intrastate	Lower	M-1 M-Lead	≥ 1	Employer	No	Required	Required		Labor Disp.
8.49	ar5130: A 100-1; B 210-10 ar5130C: 300-14; 310-14 ar5130D-400-26 9054A-C2	Required	Required	Regular UI Workshare	UI	Intrastate	Lower	M-1 M-Lead	≥ 1	Claimant	Yes	Required	Required		Other
8.50	ar5130: A 100-1; B 210-10 ar5130C: 300-16; 310-16 ar5130D-400-26 9054A-C2	Required	Required	Regular UI Workshare	UI	Intrastate	Lower	M-1 M-Lead	≥ 1	Employer	Yes	Required	Required		Other

VALIDATION POPULATION 8
LOWER AUTHORITY APPEALS DECISIONS
DECISION DATE FALLS WITHIN REPORTING/VALIDATION PERIOD
SORT BY TIME LAPSE DAYS ASCENDING

Subpop	Report, Line, and Column	1 (Step 1E) (Rule 1) SSN	2 (Step 1E) (Rule 2) Docket # Unique ID	3 (Step 2) Type of UI Program	4 (Step 4) Program Type	5 (Step 5) Intrastate/ Interstate	6 (Step 22A) Appeal Level	7 (Step 23A) (Step 23B) Type of Appeal	8 (Step 23B) (Rules 3 – 6) Number of Multi- claimants	9 (Step 24) Appellant	10 (Step 25) In Favor of Appellant	11 (Step 29) Filed Date	12 (Step 26) Decision Date	13 (Step 27A) (Step 27B) Disposed of by Decision	14 (Step 28) Issue Code
8.51	ar5130: A 100-1; B 210-10 ar5130: C 300-14; D 400-26 9054A-C2	Required	Required	Regular UI Workshare	UI	Intrastate	Lower	M-1 M-Lead	≥ 1	Claimant	No	Required	Required		Other
8.52	ar5130: A 100-1; B 210-10 ar5130: C 300-16; D 400-26 9054A-C2	Required	Required	Regular UI Workshare	UI	Intrastate	Lower	M-1 M-Lead	≥ 1	Employer	No	Required	Required		Other
8.53	ar5130B-210-10	Required	Required	Regular UI Workshare	UI	Intrastate	Lower	M-Nonlead	≥ 1			Required	Required		
8.54	ar5130A: 100-1 ar5130B: 210-8; 210-10 ar5130C: 300-18; 310-18 9054A-C2	Required	Required	Regular UI Workshare	UI	Intrastate	Lower	S	All	Other	Yes	Required	Required		
8.55	ar5130A: 100-1 ar5130B: 210-8; 210-10 ar5130C: 300-18 9054A-C2	Required	Required	Regular UI Workshare	UI	Intrastate	Lower	S	All	Other	No	Required	Required		

^aIf a UCFE or UCX multiclient appeal is decided, report as a separate population and manually validate the 5130 report.

RELATIONSHIP BETWEEN SUBPOPULATIONS IN POPULATION 8 AND ETA AR5130 REPORTING CELLS

SECTION A. Single Claimant and Multiclaimgant Appeals Case Decisions and Other Dispositions

	UI Decisions	UCFE-No UI Decisions	UCX Only Decisions
Line No.	Lower Authority (1)	Lower Authority (3)	Lower Authority (5)
100	1-40 45-52 54-55	41-42 ^a	43-44 ^a

SECTION B. Claimants Involved in State UI Appeals Cases by Status of Appeals

Line No.	Status of Appeals	Single Claimant Appeals	Multi-Claimant Appeals
		Lower Authority (8)	Lower Authority (10)
210	Disposed of During Month	1-40 54-55 ^b	45-53

SECTION C. State UI Appeals Decisions by Type of Appellant

Line No.	UI Appeals Decisions	Claimant	Employer	Other
		Lower Authority (14)	Lower Authority (16)	Lower Authority (18)
300	Total	1, 3, 5, 7 9, 11, 13, 15 17, 19, 21, 23 25, 27, 29, 31 33, 35, 37, 39 45, 47, 49, 51	2, 4, 6, 8 10, 12, 14, 16 18, 20, 22, 24 26, 28, 30, 32 34, 36, 38, 40 46, 48, 50, 52	54-55
310	In favor of Appellant	1, 5, 9, 13 17, 21, 25, 29 33, 37, 45, 49	2, 6, 10, 14 18, 22, 26, 30 34, 38, 46, 50	54

SECTION D. Number of Lower Authority State UI Appeals Decisions by Issue

Line No.	Voluntary Quit (21)	Misconduct (22)	Refusal of Suitable Work (23)	Not Able or Available (24)	Labor Dispute (25)	Other (26)
400	1-8	9-16	17-24	25-32	45-48	33-40 49-52

^aAlso includes multiclaimgant UCFE and UCX decision subpopulations that are not listed.

^bSingle claimant only

^cMulticlaimgant only

RELATIONSHIP BETWEEN SUBPOPULATIONS IN POPULATION 8 AND ETA 9054A REPORTING CELLS

Section A. Lower Authority Appeals Time Lapse from Date Filed to Decision Date

Days	Intrastate	Interstate
Total	C2	C3
	1-4	5-8
	9-12	13-16
	17-20	21-24
	25-28	29-32
	33-36	37-40
	41, 43	42, 44
	45-52	
	54-55	

VALIDATION POPULATION 9

HIGHER AUTHORITY APPEALS DECISIONS, DECISION DATE FALLS WITHIN REPORTING/VALIDATION PERIOD

		1 (Step 1F) (Rule 1)	2 (Step 1F) (Rule 2)	3 (Step 2)	4 (Step 4)	5 (Step 5)	6 (Step 22B)	7 (Step 23A) (Step 23B)	8 (Step 23B) (Rules 3 – 6)	9 (Step 24)	10 (Step 25)	11 (Step 29)	12 (Step 26)	13 (Step 27A) (Step 27B)
Subpop #	Report, Line, and Column	SSN	Docket Number Unique ID	Type of UI Program	Program Type	Intrastate/ Interstate	Appeal Level	Type of Appeal	Number of Multi- claimants	Appellant	In Favor of Appellant	Filed Date	Decision Date	Disposed of by Decision
SINGLE CLAIMANT HIGHER AUTHORITY APPEALS DECISIONS (9.1 through 9.12) 1) Random sample: 30 or 100 (includes review of folders); 2) Supplemental sample--outliers														
9.1	ar5130: A 100-2 B 210-9 ar5130C: 300-15 310-15 9054B-C2	Required	Required	Regular UI Workshare	UI	Intrastate	Higher	S	NA	Claimant	Yes	Required	Required	
9.2	ar5130: A 100-2 B 210-9 ar5130C: 300-17 310-17 9054B-C2	Required	Required	Regular UI Workshare	UI	Intrastate	Higher	S	NA	Employer	Yes	Required	Required	
9.3	ar5130: A 100-2 B 210-9 ar5130C-300-15 9054B-C2	Required	Required	Regular UI Workshare	UI	Intrastate	Higher	S	NA	Claimant	No	Required	Required	
9.4	ar5130: A 100-2 B 210-9 ar5130C-300-17 9054B-C2	Required	Required	Regular UI Workshare	UI	Intrastate	Higher	S	NA	Employer	No	Required	Required	
9.5	ar5130: A 100-2 B 210-9 ar5130C: 300-15 310-15 9054B-C3	Required	Required	Regular UI Workshare	UI	Interstate	Higher	S	NA	Claimant	Yes	Required	Required	
9.6	ar5130: A 100-2 B 210-9 ar5130C: 300-17 310-17 9054B-C3	Required	Required	Regular UI Workshare	UI	Interstate	Higher	S	NA	Employer	Yes	Required	Required	

VALIDATION POPULATION 9

HIGHER AUTHORITY APPEALS DECISIONS, DECISION DATE FALLS WITHIN REPORTING/VALIDATION PERIOD

		1 (Step 1F) (Rule 1)	2 (Step 1F) (Rule 2)	3 (Step 2)	4 (Step 4)	5 (Step 5)	6 (Step 22B)	7 (Step 23A) (Step 23B)	8 (Step 23B) (Rules 3 – 6)	9 (Step 24)	10 (Step 25)	11 (Step 29)	12 (Step 26)	13 (Step 27A) (Step 27B)
Subpop #	Report, Line, and Column	SSN	Docket Number Unique ID	Type of UI Program	Program Type	Intrastate/ Interstate	Appeal Level	Type of Appeal	Number of Multi- claimants	Appellant	In Favor of Appellant	Filed Date	Decision Date	Disposed of by Decision
9.7	ar5130: A 100-2 B 210-9 ar5130C-300-15 9054B-C3	Required	Required	Regular UI Workshare	UI	Interstate	Higher	S	NA	Claimant	No	Required	Required	
9.8	ar5130: A 100-2 B 210-9 ar5130C-300-17 9054B-C3	Required	Required	Regular UI Workshare	UI	Interstate	Higher	S	NA	Employer	No	Required	Required	
9.9 ^a	ar5130A-100-4 9054B-C2	Required	Required	Regular UI Workshare	UCFE	Intrastate	Higher	S	NA	NA	NA	Required	Required	
9.10 ^a	ar5130A-100-4 9054B-C3	Required	Required	Regular UI Workshare	UCFE	Interstate	Higher	S	NA	NA	NA	Required	Required	
9.11 ^a	ar5130A-100-6 9054B-C2	Required	Required	Regular UI Workshare	UCX	Intrastate	Higher	S	NA	NA	NA	Required	Required	
9.12 ^a	ar5130A-100-6 9054B-C3	Required	Required	Regular UI Workshare	UCX	Interstate	Higher	S	NA	NA	NA	Required	Required	
MULTI-CLAIMANT HIGHER AUTHORITY APPEALS DECISIONS (9.13 through 9.23) 1) Minimum sample: First two cases from each subpopulation (includes review of folders)														
9.13	ar5130: A 100-2 B 210-11 ar5130C: 300-15 310-15 9054B-C2	Required	Required	Regular UI Workshare	UI	Intrastate	Higher	M-1 M-Lead	≥ 1	Claimant	Yes	Required	Required	
9.14	ar5130: A 100-2 B 210-11 ar5130C: 300-17 310-17 9054B-C2	Required	Required	Regular UI Workshare	UI	Intrastate	Higher	M-1 M-Lead	≥ 1	Employer	Yes	Required	Required	

VALIDATION POPULATION 9

HIGHER AUTHORITY APPEALS DECISIONS, DECISION DATE FALLS WITHIN REPORTING/VALIDATION PERIOD

Subpop #	Report, Line, and Column	1 (Step 1F) (Rule 1) SSN	2 (Step 1F) (Rule 2) Docket Number Unique ID	3 (Step 2) Type of UI Program	4 (Step 4) Program Type	5 (Step 5) Intrastate/ Interstate	6 (Step 22B) Appeal Level	7 (Step 23A) (Step 23B) Type of Appeal	8 (Step 23B) (Rules 3 – 6) Number of Multi-claimants	9 (Step 24) Appellant	10 (Step 25) In Favor of Appellant	11 (Step 29) Filed Date	12 (Step 26) Decision Date	13 (Step 27A) (Step 27B) Disposed of by Decision
9.15	ar5130: A 100-2 B 210-11 ar5130C-300-15 9054B-C2	Required	Required	Regular UI Workshare	UI	Intrastate	Higher	M-1 M-Lead	≥ 1	Claimant	No	Required	Required	
9.16	ar5130: A 100-2 B 210-11 ar5130C-300-17 9054B-C2	Required	Required	Regular UI Workshare	UI	Intrastate	Higher	M-1 M-Lead	≥ 1	Employer	No	Required	Required	
9.17	ar5130: A 100-2 B 210-11 ar5130C: 300-15 310-15 9054B-C3	Required	Required	Regular UI Workshare	UI	Interstate	Higher	M-1 M-Lead	≥ 1	Claimant	Yes	Required	Required	
9.18	ar5130: A 100-2 B 210-11 ar5130C: 300-17 310-17 9054B-C3	Required	Required	Regular UI Workshare	UI	Interstate	Higher	M-1 M-Lead	≥ 1	Employer	Yes	Required	Required	
9.19	ar5130: A 100-2 B 210-11 ar5130C-300-15 9054B-C3	Required	Required	Regular UI Workshare	UI	Interstate	Higher	M-1 M-Lead	≥ 1	Claimant	No	Required	Required	
9.20	ar5130: A 100-2 B 210-11 ar5130C-300-17 9054B-C3	Required	Required	Regular UI Workshare	UI	Interstate	Higher	M-1 M-Lead	≥ 1	Employer	No	Required	Required	
9.21	ar5130B-210-11	Required	Required	Regular UI Workshare	UI		Higher	M-Nonlead	1			Required	Required	

VALIDATION POPULATION 9

HIGHER AUTHORITY APPEALS DECISIONS, DECISION DATE FALLS WITHIN REPORTING/VALIDATION PERIOD

		1 (Step 1F) (Rule 1)	2 (Step 1F) (Rule 2)	3 (Step 2)	4 (Step 4)	5 (Step 5)	6 (Step 22B)	7 (Step 23A) (Step 23B)	8 (Step 23B) (Rules 3 – 6)	9 (Step 24)	10 (Step 25)	11 (Step 29)	12 (Step 26)	13 (Step 27A) (Step 27B)
Subpop #	Report, Line, and Column	SSN	Docket Number Unique ID	Type of UI Program	Program Type	Intrastate/ Interstate	Appeal Level	Type of Appeal	Number of Multi- claimants	Appellant	In Favor of Appellant	Filed Date	Decision Date	Disposed of by Decision
9.22	ar5130A: 100-2 ar5130B: 210-9 ar5130C: 300-19 9054B-C2	Required	Required	Regular UI Workshare	UI	Intrastate	Higher	S	NA	Other	All	Required	Required	
9.23	ar5130A: 100-2 ar5130B: 210-9 ar5130C: 300-19 9054B-C2	Required	Required	Regular UI Workshare	UI	Intrastate	Higher	M	≥ 1	Other	All	Required	Required	

^aIf a UCFE or UCX multclaimant appeal is decided, report as a separate population.

RELATIONSHIP BETWEEN SUBPOPULATIONS IN POPULATION 9 AND AR5130 REPORTING CELLS

SECTION A. Single Claimant and Multiclaimgant Appeals Case Decisions and Other Dispositions

	UI Decisions	UCFE-No UI Decisions	UCX Only Decisions
Line No.	Higher Authority (2)	Higher Authority (4)	Higher Authority (6)
100	1-8 13-20 22-23	9-10 ^a	11-12 ^a

SECTION B. Claimants Involved in State UI Appeals Cases by Status of Appeals

Line No.	Status of Appeals	Single Claimant Appeals	Multi-Claimant Appeals
		Higher Authority (9)	Higher Authority (11)
210	Disposed of During Month	1-8 22 ^b	13-21 23 ^c

SECTION C. State UI Appeals Decisions by Type of Appellant

Line No.	UI Appeals Decisions	Claimant	Employer	Other
		Higher Authority (15)	Higher Authority (17)	Higher Authority (19)
300	Total	1, 3 5, 7 13, 15 17, 19	2, 4 6, 8 14, 16 18, 20	22-23
310	In favor of Appellant	1, 5 13, 17	2, 6 14, 18	

^aAlso includes multiclaimgant UCFE and UCX decisions subpopulations that are not listed.

^bSingle claimant only

^cMulticlaimgant only

RELATIONSHIP BETWEEN SUBPOPULATIONS IN POPULATION 9 AND ETA 9054B REPORTING CELLS

Section B. Higher Authority Appeals Time Lapse from Date Filed to Decision Date

Days	Intrastate	Interstate
Total	C2	C3
	1-4 9, 11 13-16 22-23	5-8 10, 12 17-20

Population 8 and 9 Notes

1. Column 7 (Step 23B), Multi-Claimant appeals:

States will either store an individual record for each appeal or one record with the number of appellants. States that maintain a single record for multi-claimant appeals with a field for the number of claimants involved should insert a text prefix of multi-one (for multi-one record) in the multi-claimant field.

States which maintain multiple records (one for each claimant) for a multi-claimant appeal should insert a text prefix of “multi-lead” for one of the records. Both of these types of records will be assigned to subpopulations 8.45 through 8.52 (lower) and 9.13 through 9.20 (higher). States which maintain multiple records should insert a text prefix of multi-non-lead in the multi-claimant field for the non-lead claimants. These records will be assigned to subpopulations 8.53 (lower) and 9.21 (higher).

2. If the appellant is other than the claimant or the employer, the appeals decisions are assigned to subpopulations 8.54 and 8.55 (lower) and 9.22 and 9.23 (higher). If this results in small count discrepancies in other cells, record the reason in the notes field on the RV summary.
3. Column 13 (disposed of by decision) is optional. States which have an indicator to distinguish countable from uncountable decisions should insert the value of the countable appeal indicator in this field to show that it is countable based on information on the appeals file.
4. Column 9 (appellant), Appeals Filed by Other. These records will not be added to line 400 of the 5130. They are not broken out by issue code so the counts of decisions from line 300 might not be consistent with the counts from line 400 if the state has appeals that were filed by other during the reporting period. In this case, use the comments field on the Report Validation Summary to explain the discrepancy.
5. This population includes appeals for Short Time Compensation (STC) Program (workshare) claims. These records should be labeled as “Workshare” for “Type of UI Program.” See the software record layouts for more detail.

VALIDATION POPULATION 10
LOWER AUTHORITY APPEALS CASE AGING
APPEALS PENDING AT THE END OF THE MONTH BEING VALIDATED
SORT BY DAYS PENDING WITHIN EACH CATEGORY

		1 (Step 1E) (Rule 1)	2 (Step 1E) (Rule 2)	3 (Step 22A)	4 (Step 27B)	5 (Step 29)
Subpopulation #	ETA 9055 Column	SSN	Docket # Unique ID	Appeal Level	Appeal Pending	Filed Date
LOWER AUTHORITY APPEALS CASE AGING (10.1 through 10.7) 1) Supplemental sample--outliers						
10.1	Section A	Required	Required	Required		Required
10.2	Section A	Required	Required	Required		Required
10.3	Section A	Required	Required	Required		Required
10.4	Section A	Required	Required	Required		Required
10.5	Section A	Required	Required	Required		Required
10.6	Section A	Required	Required	Required		Required
10.7	Section A	Required	Required	Required		Required

VALIDATION POPULATION 10
LOWER AUTHORITY APPEALS CASE AGING
APPEALS PENDING AT THE END OF THE MONTH BEING VALIDATED
SORT BY DAYS PENDING WITHIN EACH CATEGORY

RELATIONSHIP BETWEEN SUBPOPULATIONS IN POPULATION 10 AND ETA 9055 REPORTING CELLS

Section A. Age of Pending Lower Authority Single Claimant Appeals Cases

Days	Total
Total	10.1-10.7
<=25	10.1
26-40	10.2
41-90	10.3
91-120	10.4
121-180	10.5
181-360	10.6
> 360	10.7

VALIDATION POPULATION 11
HIGHER AUTHORITY APPEALS CASE AGING
APPEALS PENDING AT THE END OF THE MONTH BEING VALIDATED
SORT BY DAYS PENDING WITHIN EACH CATEGORY

Subpopulation #	ETA 9055 Column	1 (Step 1F) (Rule 1)	2 (Step 1F) (Rule 2)	3 (Step 22B)	4 (Step 27B)	5 (Step 29)
		SSN	Docket # Unique ID	Appeal Level	Appeal Pending	Filed Date
HIGHER AUTHORITY APPEALS CASE AGING (11.1 through 11.6) 1) Supplemental sample--outliers						
11.1	Section B	Required	Required	Required		Required
11.2	Section B	Required	Required	Required		Required
11.3	Section B	Required	Required	Required		Required
11.4	Section B	Required	Required	Required		Required
11.5	Section B	Required	Required	Required		Required
11.6	Section B	Required	Required	Required		Required

VALIDATION POPULATION 11
HIGHER AUTHORITY APPEALS CASE AGING
APPEALS PENDING AT THE END OF THE MONTH BEING VALIDATED
SORT BY DAYS PENDING WITHIN EACH CATEGORY

RELATIONSHIP BETWEEN SUBPOPULATIONS IN POPULATION 11 AND ETA 9055 REPORTING CELLS

Section B. Age of Pending Higher Authority Single Claimant Appeals Cases

Days	Total
Total	11.1-11.6
<=40	11.1
41-70	11.2
71-120	11.3
121-180	11.4
181-360	11.5
> 360	11.6

Population 10 and 11 Notes

1. Capture the lower authority and higher authority appeals data at the end of the month.
2. Column 4 (Step 27B), Appeal Pending, is an optional field for both population 10 and 11.

VALIDATION POPULATION 12

OVERPAYMENTS ESTABLISHED - SORTED BY CAUSES ETA 227 - SECTION A

Subpop #	ETA 227A Line and Column	1 (Step 1G) (Rule 1) SSN	2 (Step 1G) (Rule 2) Unique ID	3 (Step 4) Program Type	4 (Step 30) Type of Overpayment	5 (Step 31) Cause of Overpayment	6 (Step 32) Detection Type	7 (Step 33) Date Overpayment Established	8 (Step 34A) UI Amount	9 (Step 34B) Federal Amount ^a
OVERPAYMENTS (12.1 through 12.16)										
1) Random Sample: 60 or 200 (includes review of folders); 2) Supplemental sample--missing strata; 3) Supplemental sample--outliers by dollars										
12.1	101 (2, 4, 5)	Required	Required if State maintains a unique ID	UI	Fraud	Other	Required	Required	Required	Required for Joint Claims only
12.2	102 (2, 4, 5)	Required	Required if State maintains a unique ID	UI	Fraud	Multi Claimant Schemes	Required	Required	Required	Required for Joint Claims only
12.3	104 (2, 4, 5)	Required	Required if State maintains a unique ID	UI	Nonfraud	Reversals	Required	Required	Required	Required for Joint Claims only
12.4	105 (2, 4, 5)	Required	Required if State maintains a unique ID	UI	Nonfraud	SESA Errors	Required	Required	Required	Required for Joint Claims only
12.5	106 (2, 4, 5)	Required	Required if State maintains a unique ID	UI	Nonfraud	Employer Errors	Required	Required	Required	Required for Joint Claims only
12.6	107 (2, 4, 5)	Required	Required if State maintains a unique ID	UI	Nonfraud	Claimant Errors	Required	Required	Required	Required for Joint Claims only
12.7	108 (2, 4, 5)	Required	Required if State maintains a unique ID	UI	Nonfraud	Other	Required	Required	Required	Required for Joint Claims only
12.8	109 (4, 5)	Required	Required if State maintains a unique ID	UI	Penalty		Required	Required	Required	Required for Joint Claims only

VALIDATION POPULATION 12

OVERPAYMENTS ESTABLISHED - SORTED BY CAUSES ETA 227 - SECTION A

Subpop #	ETA 227A Line and Column	1 (Step 1G) (Rule 1) SSN	2 (Step 1G) (Rule 2) Unique ID	3 (Step 4) Program Type	4 (Step 30) Type of Overpayment	5 (Step 31) Cause of Overpayment	6 (Step 32) Detection Type	7 (Step 33) Date Overpayment Established	8 (Step 34A) UI Amount	9 (Step 34B) Federal Amount ^a
12.9	101 (3, 5)	Required	Required if State maintains a unique ID	UCFE or UCX	Fraud	Other	Required	Required	Must be blank	Required
12.10	102 (3, 5)	Required	Required if State maintains a unique ID	UCFE or UCX	Fraud	Multi Claimant Schemes	Required	Required	Must be blank	Required
12.11	104 (3, 5)	Required	Required if State maintains a unique ID	UCFE or UCX	Nonfraud	Reversals	Required	Required	Must be blank	Required
12.12	105 (3, 5)	Required	Required if State maintains a unique ID	UCFE or UCX	Nonfraud	SESA Errors	Required	Required	Must be blank	Required
12.13	106 (3, 5)	Required	Required if State maintains a unique ID	UCFE or UCX	Nonfraud	Employer Errors	Required	Required	Must be blank	Required
12.14	107 (3, 5)	Required	Required if State maintains a unique ID	UCFE or UCX	Nonfraud	Claimant Errors	Required	Required	Must be blank	Required
12.15	108 (3, 5)	Required	Required if State maintains a unique ID	UCFE or UCX	Nonfraud	Other	Required	Required	Must be blank	Required
12.16	109 (5)	Required	Required if State maintains a unique ID	UCFE or UCX	Penalty		Required	Required	Must be blank	Required

^aFor Subpopulations 12.1 through 12.8, the federal amount is the federal share of the joint claim.

**RELATIONSHIP BETWEEN SUBPOPULATIONS IN POPULATION 12
AND ETA 227 REPORTING CELLS
A. PAGE 1 OF FORM**

A. OVERPAYMENT ESTABLISHED – CAUSES						
Cause	Line No.	No. Schemes	Number of Cases		Dollar Amounts	
			UI	UCFE/UCX	UI	UCFE/UCX
		(1)	(2)	(3)	(4)	(5)
Fraud – Total	101		1	9	1	1 and 9
Multi Claimant Schemes	102		2	10	2	2 and 10
Nonfraud – Total	103					
Reversals	104		3	11	3	3 and 11
SESA Errors	105		4	12	4	4 and 12
Employer Errors	106		5	13	5	5 and 13
Claimant Errors	107		6	14	6	6 and 14
Other	108		7	15	7	7 and 15
Penalty	109				8	8 and 16

Population 12 Notes

1. Subpopulations 12.1 – 12.8: Enter the federal amount in column 9 for joint claims.
2. Do not include revisions to overpayment amounts made in subsequent quarters. For example, if an overpayment was established in March and a revision to the amount was made in April, these revisions are reported in population 13 as additions and subtractions but not reported in population 12.
3. The “cause” of fraud overpayments must be either “multi-claimant schemes” or “other.” The software will reject records for fraud overpayments where the cause is not “multi-claimant schemes” or “other.” States that use multiple codes for types of fraud should code these as “other.”

VALIDATION POPULATION 13

OVERPAYMENT RECONCILIATION ACTIVITIES OVERPAYMENT RECONCILIATION TRANSACTION OCCURRED DURING REPORTING QUARTER BEING VALIDATED ETA 227 - SECTION B

Subpop #	ETA 227B Line and Column	1 (Step 1H) (Rule 1) SSN	2 (Step 1H) (Rule 2) Unique ID	3 (Step 4) Program Type	4 (Step 30) Type of Overpayment	5 (Step 35) Type of Activity	6 (Step 36) Date of Activity	7 (Step 37A) UI Amount	8 (Step 37B) Federal Amount ^a
OVERPAYMENT RECONCILIATION TRANSACTIONS (13.1 through 13.34)									
1) Random sample: 30 or 100 (includes review of folders); 2) Supplemental sample-missing strata; 3) Supplemental sample--outliers by dollars									
13.1	303 (11, 12)	Required	Required if State maintains a unique ID	UI	Fraud	Cash	Required	Required	Required for Joint Claims only
13.2	304 (11, 12)	Required	Required if State maintains a unique ID	UI	Fraud	Benefit Offset	Required	Required	Required for Joint Claims only
13.3	305 (11, 12)	Required	Required if State maintains a unique ID	UI	Fraud	State Income Tax Offset	Required	Required	Required for Joint Claims only
13.4	306 (11, 12)	Required	Required if State maintains a unique ID	UI	Fraud	By Other States	Required	Required	Required for Joint Claims only
13.5	307 (11, 12)	Required	Required if State maintains a unique ID	UI	Fraud	Other	Required	Required	Required for Joint Claims only
13.6	309 (11, 12)	Required	Required if State maintains a unique ID	UI	Fraud	Written-Off	Required	Required	Required for Joint Claims only

VALIDATION POPULATION 13

OVERPAYMENT RECONCILIATION ACTIVITIES OVERPAYMENT RECONCILIATION TRANSACTION OCCURRED DURING REPORTING QUARTER BEING VALIDATED ETA 227 - SECTION B

Subpop #	ETA 227B Line and Column	1 (Step 1H) (Rule 1) SSN	2 (Step 1H) (Rule 2) Unique ID	3 (Step 4) Program Type	4 (Step 30) Type of Overpayment	5 (Step 35) Type of Activity	6 (Step 36) Date of Activity	7 (Step 37A) UI Amount	8 (Step 37B) Federal Amount ^a
13.7	310 (11, 12)	Required	Required if State maintains a unique ID	UI	Fraud	Additions	Required	Required	Required for Joint Claims only
13.8	311 (11, 12)	Required	Required if State maintains a unique ID	UI	Fraud	Subtractions	Required	Required	Required for Joint Claims only
13.9	303 (12)	Required	Required if State maintains a unique ID	UCFE/UCX	Fraud	Cash	Required	Must be blank	Required
13.10	304 (12)	Required	Required if State maintains a unique ID	UCFE/UCX	Fraud	Benefit Offset	Required	Must be blank	Required
13.11	305 (12)	Required	Required if State maintains a unique ID	UCFE/UCX	Fraud	State Income Tax Offset	Required	Must be blank	Required
13.12	306 (12)	Required	Required if State maintains a unique ID	UCFE/UCX	Fraud	By Other States	Required	Must be blank	Required
13.13	307 (12)	Required	Required if State maintains a unique ID	UCFE/UCX	Fraud	Other	Required	Must be blank	Required

VALIDATION POPULATION 13

OVERPAYMENT RECONCILIATION ACTIVITIES OVERPAYMENT RECONCILIATION TRANSACTION OCCURRED DURING REPORTING QUARTER BEING VALIDATED ETA 227 - SECTION B

Subpop #	ETA 227B Line and Column	1 (Step 1H) (Rule 1) SSN	2 (Step 1H) (Rule 2) Unique ID	3 (Step 4) Program Type	4 (Step 30) Type of Overpayment	5 (Step 35) Type of Activity	6 (Step 36) Date of Activity	7 (Step 37A) UI Amount	8 (Step 37B) Federal Amount ^a
13.14	309 (12)	Required	Required if State maintains a unique ID	UCFE/UCX	Fraud	Written-Off	Required	Must be blank	Required
13.15	310 (12)	Required	Required if State maintains a unique ID	UCFE/UCX	Fraud	Additions	Required	Must be blank	Required
13.16	311 (12)	Required	Required if State maintains a unique ID	UCFE/UCX	Fraud	Subtractions	Required	Must be blank	Required
13.17	303 (13, 14)	Required	Required if State maintains a unique ID	UI	Nonfraud	Cash	Required	Required	Required for Joint Claims only
13.18	304 (13, 14)	Required	Required if State maintains a unique ID	UI	Nonfraud	Benefit Offset	Required	Required	Required for Joint Claims only
13.19	305 (13, 14)	Required	Required if State maintains a unique ID	UI	Nonfraud	State Income Tax Offset	Required	Required	Required for Joint Claims only
13.20	306 (13, 14)	Required	Required if State maintains a unique ID	UI	Nonfraud	By Other States	Required	Required	Required for Joint Claims only

VALIDATION POPULATION 13

OVERPAYMENT RECONCILIATION ACTIVITIES OVERPAYMENT RECONCILIATION TRANSACTION OCCURRED DURING REPORTING QUARTER BEING VALIDATED ETA 227 - SECTION B

Subpop #	ETA 227B Line and Column	1 (Step 1H) (Rule 1) SSN	2 (Step 1H) (Rule 2) Unique ID	3 (Step 4) Program Type	4 (Step 30) Type of Overpayment	5 (Step 35) Type of Activity	6 (Step 36) Date of Activity	7 (Step 37A) UI Amount	8 (Step 37B) Federal Amount ^a
13.21	307 (13, 14)	Required	Required if State maintains a unique ID	UI	Nonfraud	Other	Required	Required	Required for Joint Claims only
13.22	308 (13, 14)	Required	Required if State maintains a unique ID	UI	Nonfraud	Waived	Required	Required	Required for Joint Claims only
13.23	309 (13, 14)	Required	Required if State maintains a unique ID	UI	Nonfraud	Written-Off	Required	Required	Required for Joint Claims only
13.24	310 (13, 14)	Required	Required if State maintains a unique ID	UI	Nonfraud	Additions	Required	Required	Required for Joint Claims only
13.25	311 (13, 14)	Required	Required if State maintains a unique ID	UI	Nonfraud	Subtractions	Required	Required	Required for Joint Claims only
13.26	303 (14)	Required	Required if State maintains a unique ID	UCFE/UCX	Nonfraud	Cash	Required	Must be blank	Required
13.27	304 (14)	Required	Required if State maintains a unique ID	UCFE/UCX	Nonfraud	Benefit Offset	Required	Must be blank	Required

VALIDATION POPULATION 13

OVERPAYMENT RECONCILIATION ACTIVITIES OVERPAYMENT RECONCILIATION TRANSACTION OCCURRED DURING REPORTING QUARTER BEING VALIDATED ETA 227 - SECTION B

Subpop #	ETA 227B Line and Column	1 (Step 1H) (Rule 1) SSN	2 (Step 1H) (Rule 2) Unique ID	3 (Step 4) Program Type	4 (Step 30) Type of Overpayment	5 (Step 35) Type of Activity	6 (Step 36) Date of Activity	7 (Step 37A) UI Amount	8 (Step 37B) Federal Amount ^a
13.28	305 (14)	Required	Required if State maintains a unique ID	UCFE/UCX	Nonfraud	State Income Tax Offset	Required	Must be blank	Required
13.29	306 (14)	Required	Required if State maintains a unique ID	UCFE/UCX	Nonfraud	By Other States	Required	Must be blank	Required
13.30	307 (14)	Required	Required if State maintains a unique ID	UCFE/UCX	Nonfraud	Other	Required	Must be blank	Required
13.31	308 (14)	Required	Required if State maintains a unique ID	UCFE/UCX	Nonfraud	Waived	Required	Must be blank	Required
13.32	309 (14)	Required	Required if State maintains a unique ID	UCFE/UCX	Nonfraud	Written-Off	Required	Must be blank	Required
13.33	310 (14)	Required	Required if State maintains a unique ID	UCFE/UCX	Nonfraud	Additions	Required	Must be blank	Required
13.34	311 (14)	Required	Required if State maintains a unique ID	UCFE/UCX	Nonfraud	Subtractions	Required	Must be blank	Required

^aFor Subpopulations 13.9 through 13.16 and Subpopulations 13.26 through 13.34, the federal amount is the federal share of the joint claim.

**RELATIONSHIP BETWEEN SUBPOPULATIONS IN POPULATION 13
AND ETA 227 REPORTING CELLS**
A. PAGE 2 OF FORM

C. RECOVERY/RECONCILIATION						
Item		Line No.	Dollar Amount			
			Fraud		Nonfraud	
			UI	UCFE/UCX	UI	UCFE/UCX
			Column 7	Column 8	Column 7	Column 8
			(11)	(12)	(13)	(14)
Recovered - Total		302				
	Cash	303	1	1 and 9	17	17 and 26
	Benefit Offset	304	2	2 and 10	18	18 and 27
	State Income Tax Offset	305	3	3 and 11	19	19 and 28
	By Other States	306	4	4 and 12	20	20 and 29
	Other	307	5	5 and 13	21	21 and 30
Waived		308			22	22 and 31
Written-Off		309	6	6 and 14	23	23 and 32
Additions		310	7	7 and 15	24	24 and 33
Subtractions		311	8	8 and 16	25	25 and 34

Population 13 Notes

1. Reconstructing this population requires a detailed transaction history file that associates activities (column 5) with particular overpayment types.
2. Subpopulations 13.1 – 13.8: Enter the federal amount in column 8 for joint claims (field number 9 on the record layout).
3. Additions include payments made on removed balances. Otherwise, additions and subtractions reflect changes in the balance resulting from administrative decisions such as appeal reversals.
4. The validation of Receivables Removed at the End of the Period occurs in Population 14.

VALIDATION POPULATION 14
AGE OF OVERPAYMENTS

Subpop #	ETA 227C ETA 227E Report, Line, and Column	1 (Step 1G) (Rule 1) SSN	2 (Step 1G) (Rule 2) Unique ID	3 (Step 33) Date Overpayment Established	4 (Step 4) Program Type	5 (Step 38) Outstanding Overpayment	6 (Step 40) Active Collection	7 (Step 30) Type of Overpayment	8 (Step 39A) UI Balance at End of Qtr	9 (Step 39B) Federal Balance at End of Qtr
14.1	E501 (18, 19)	Required	Required if State maintains a unique ID	Required	UI				Required	Required for Joint Claims only
14.2	E502 (18, 19)	Required	Required if State maintains a unique ID	Required	UI				Required	Required for Joint Claims only
14.3	E503 (18, 19)	Required	Required if State maintains a unique ID	Required	UI				Required	Required for Joint Claims only
14.4	E504 (18, 19)	Required	Required if State maintains a unique ID	Required	UI				Required	Required for Joint Claims only
14.5	E505 (18, 19)	Required	Required if State maintains a unique ID	Required	UI				Required	Required for Joint Claims only
14.6	E506 (18, 19)	Required	Required if State maintains a unique ID	Required	UI				Required	Required for Joint Claims only
14.7	E501 (19)	Required	Required if State maintains a unique ID	Required	UCFE/UCX				Must be blank	Required

VALIDATION POPULATION 14
AGE OF OVERPAYMENTS

Subpop #	ETA 227C ETA 227E Report, Line, and Column	1 (Step 1G) (Rule 1) SSN	2 (Step 1G) (Rule 2) Unique ID	3 (Step 33) Date Overpayment Established	4 (Step 4) Program Type	5 (Step 38) Outstanding Overpayment	6 (Step 40) Active Collection	7 (Step 30) Type of Overpayment	8 (Step 39A) UI Balance at End of Qtr	9 (Step 39B) Federal Balance at End of Qtr
14.8	E502 (19)	Required	Required if State maintains a unique ID	Required	UCFE/UCX				Must be blank	Required
14.9	E503 (19)	Required	Required if State maintains a unique ID	Required	UCFE/UCX				Must be blank	Required
14.10	E504 (19)	Required	Required if State maintains a unique ID	Required	UCFE/UCX				Must be blank	Required
14.11	E505 (19)	Required	Required if State maintains a unique ID	Required	UCFE/UCX				Must be blank	Required
14.12	E506 (19)	Required	Required if State maintains a unique ID	Required	UCFE/UCX		Yes or No		Must be blank	Required
14.13	C312 (11, 12)	Required	Required if State maintains a unique ID	Required	UI		No or Dropped	Fraud	Required	Required for Joint Claims only
14.14	C312 (13, 14)	Required	Required if State maintains a unique ID	Required	UI		No or Dropped	Non-Fraud	Required	Required for Joint Claims only

VALIDATION POPULATION 14
AGE OF OVERPAYMENTS

Subpop #	ETA 227C ETA 227E Report, Line, and Column	1 (Step 1G) (Rule 1) SSN	2 (Step 1G) (Rule 2) Unique ID	3 (Step 33) Date Overpayment Established	4 (Step 4) Program Type	5 (Step 38) Outstanding Overpayment	6 (Step 40) Active Collection	7 (Step 30) Type of Overpayment	8 (Step 39A) UI Balance at End of Qtr	9 (Step 39B) Federal Balance at End of Qtr
14.15	C312 (12)	Required	Required if State maintains a unique ID	Required	UCFE/UCX		No or Dropped	Fraud	Must be blank	Required
14.16	C312 (14)	Required	Required if State maintains a unique ID	Required	UCFE/UCX		No or Dropped	Non-Fraud	Must be blank	Required

RELATIONSHIP BETWEEN SUBPOPULATIONS IN POPULATION 14
AND ETA 227 REPORTING CELLS
E. PAGE 3 OF FORM

SECTION E: AGING OF BENEFIT OVERPAYMENT ACCOUNTS			
Accounts Receivable	Line No.	Dollar Amounts	
		UI	UCFE/UCX
		(18)	(19)
90 days or less	501	1	1 and 7
91 – 180 days	502	2	2 and 8
181 – 270 days	503	3	3 and 9
271 – 360 days	504	4	4 and 10
361 – 450 days	505	5	5 and 11
451 days or more	506	6	6 and 12
Total Accounts Receivable	507		

RELATIONSHIP BETWEEN SUBPOPULATIONS IN POPULATION 14
AND ETA 227 REPORTING CELLS
C. PAGE 2 OF FORM

C. RECOVERY/RECONCILIATION					
Item	Line No.	Dollar Amount			
		Fraud		Nonfraud	
		UI	UCFE/UCX	UI	UCFE/UCX
		Column 6	Column 7	Column 6	Column 7
		(11)	(12)	(13)	(14)
Receivables Removed at End of Period	312	13	13, 15	14	14, 16

Population 14 Notes

1. Population 14 has been designed to process a state's entire outstanding overpayments file and generate:
 - Section E of the ETA 227 Report (Age of Outstanding Overpayments)
 - Amounts removed on Section C of the ETA 227 Report (Overpayments Reconciliation Activities – Row 312)

The validation of amounts removed in Section C uses the population 14 file and not the population 13 file which validates Section C because removal is determined by examining outstanding overpayments.

The software will ignore any overpayments that are included in the extract file that are too old to be included in Section E and are not removed during the quarter.

Overpayments are not removed automatically when they have been included on the previous eight 227 reports. If the overpayment is in Active Collection status in the 9th quarter after it was established, it is not removed until the state indicates that it has dropped the Active Collection status.

Therefore, states must label each outstanding overpayment that has been reported on eight 227 reports in Column 9 (Active Collection) as either:

- Yes – in active collection. These overpayments will not be removed and will be included in section E (greater than 450 days).
 - No – not in active collection. These overpayments will be removed (not included in section E but included in Section C line 12) in the ninth quarter after the date established. Any overpayment greater than nine quarters old with a no in column 9 is not included in Sections C or E.
 - Dropped – the overpayment has been reported for 9 or more quarters and was in active collection in the prior quarter but has been dropped during the report quarter from active collection status. These payments will be included in Section C line 12 as removed during the quarter.
2. Overpayment in Active Collection: Overpayments for which a payment schedule is established with the claimant or for which offsets are being collected.
 3. Section C of the ETA 227 report requires the amounts removed to be identified as fraud or non-fraud. Therefore, a value of fraud or non-fraud is required in Column 8 for overpayments which had been reported for eight quarters and are not in active collection or overpayments which had been reported for nine or more quarters and the state dropped active collection during the quarter.